

Northern Tablelands  
Wildlife Carers Inc.,  
P.O. Box 550,  
Armidale NSW 2350  
**Licence No MWL000100242**  
Ph. 1800 008 290



**CO-ORDINATORS INFORMATION FORM**

Co-Ordinators Name..... Ph No.....

Carers Name..... Ph.No.....

1. Which animals are you most interested in fostering?

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2. What cages or aviaries do you have available?

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3. What cages do you require?

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4. Which animals do you wish to know more about?

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5. Are you available for rescue calls?..... What areas?.....

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6. Are you able to help in other ways? (Tick all appropriate boxes):

Administration  Newsletter  Fundraising  Publicity  Education

Release sites  Phone Roster  Financial support only

I am able to help in other ways

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7. Please list training & dates/Experience.....

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Cages & Equipment allocated (N.T.W.C.)

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Notes required.....

(CFR 6 25/2/2007)