

APPLICATION FORM TO ESTABLISH A COMMUNITY GARDEN

Part 1 Applicant Details

Community garden name			
Contact person name			
Postal address	P.O. Box or Street Address:		
	Suburb/Town:	State:	Postcode:
Phone numbers	Business hours:	After hours:	
Email address			
Applicant signature			Date:/...../.....

Part 2 Group Details

Number of members	Current:	Intended maximum:	
Is the group incorporated?	Yes <input type="checkbox"/>	Incorporation number:	
	No <input type="checkbox"/>	Please indicate below contact details of the group who is auspicating the project.	
Is the group being auspicated by an existing Incorporated Group for the purposes of the project?	Yes <input type="checkbox"/>	Fill in contact details below and attach a letter of support from the auspicating Group	
	No <input type="checkbox"/>	Please talk to us we may be able to suggest an appropriate auspice.	
Auspicing group name			
Contact person name			
Postal address	P.O. Box or Street address:		
	Suburb:	State:	Postcode:
Phone numbers	Business hours:	After hours:	
Contact person Signature			Date:/...../.....

How is the group structured? Include brief details on roles, meetings and decision-making.	
Do any of the members of the community garden group have previous experience in community gardening and if so, are they able to provide support to your group?	No <input type="checkbox"/> Yes <input type="checkbox"/> - please attach details
Does the Group include members with skills needed for community gardening? (Tick boxes as appropriate)	Growing vegetables <input type="checkbox"/> Making compost and using mulch <input type="checkbox"/> Garden design & construction <input type="checkbox"/> Community development <input type="checkbox"/> Group management <input type="checkbox"/>
If any of these skills do not exist within the Group, how do you intend to obtain them?	

Part 3 Site Details

Proposed Site Address	Number and Street:		
	Suburb:	State:	Postcode:
What is the land currently used for, eg passive recreation, sporting groups, etc?			
Are there any existing structures or services on the site?			

Safety and Vandalism

Identify any significant safety or crime concerns?	
What is the lighting around the site?	
Does the site have good visibility from nearby houses or businesses?	

Accessibility

How far is the site from public transport, bicycle tracks and footpaths?	
How close are the nearest toilets for public use?	
Is the site accessible for a range of user groups, including disabled access if required by participants?	

Location

<p>How far is the site from any high density living areas and community facilities such as community centres, schools and aged care facilities?</p> <p>These are considered beneficial for the increased potential for participation and support.</p>	

Size

Is the site of adequate land size to accommodate the garden and associated facilities? Consider the size of the proposed garden beds, composting systems, etc.	

Soil Quality, Ground Cover and Slope

What is the history of the site and has any risk of existing soil contamination been assessed? (Attach report on any soil tests conducted.)	
Does the site provide good drainage?	
What is the current ground cover and would any trees or shrubs need to be removed to construct the garden?	

Sunlight and Water

Does the site have sunlight for at least 5-6 hours per day?	
Is there currently access to mains water or an opportunity to harvest rain water from near existing roofs i.e. an adjacent building	

Waste management

How will you manage garden waste and recyclables?	
How will you manage materials that are not recyclable?	

Part 4 Community Garden Project Details

Type of community garden

Communal garden

☐

Allotment (private plots)

Combination of communal and allotment

Other (specify)

☐

Please provide some detail

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[illegible]

What is the purpose(s) of the proposed community garden (tick as many as applicable)?	Recreation	<input type="checkbox"/>
	Community building	<input type="checkbox"/>
	Improved access to healthy food	<input type="checkbox"/>
	Sustainability education	<input type="checkbox"/>
	Other (specify).	<input type="checkbox"/>
What is the benefit of this project to the greater community?		
Is this project proposed to link to any existing community activities?		
How has the surrounding community been consulted about the project and what were the outcomes? (Explain the methods and scope of consultation used and the key community issues raised for and against the proposed garden.)		

Community Garden Plan of Management

It must be demonstrated that there is adequate commitment and capacity within the group to plan and establish the garden and provide for its ongoing maintenance. A Plan of Management is a good tool to demonstrate these requirements and plan for the long-term management of the garden. At a minimum, the following should be included in your Plan of Management and attached to this application.

- Aims and objectives of the group
- Group structure
- How organic waste will be managed
- How decisions will be made
- The conflict-resolution process
- How new members will be recruited
- Proposed methods of fundraising
- How you will minimise noise and odour
- How you will ensure site remains tidy
- What plants will be grown
- Exit strategy
- Method of gardening
- How water will be conserved
- How pests will be controlled
- How vandalism will be prevented
- Hours of operation and access
- An A3-sized basic Concept Plan

Part 5 Application Checklist

Have you:	• filled in all parts of this form?
	• attached the Plan of Management for your proposed garden, including an A3-sized basic Concept Plan of the project?
	• attached a copy of your (or your auspicing Group's) Certificate of Currency for Public Liability Cover of at least \$10,000,000?
	• attached soil test or risk assessment report (if applicable)?
	• attached letter of support for your project from auspicing group (if requested in Part 2)?
	• attached other letters of support for your project (optional)?

Part 6 Lodgement Details

You can lodge the completed form with any supporting material as follows:

By Email: **(Insert email address)**

By Mail: **(Insert address)**

Attention: (Insert title of responsible manager)

OFFICE USE ONLY

Approval to Issue: Yes No

Date Approved: / /

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Signature: **PUBLIC HEALTH OFFICER**