



DEER ALLIANCE

HUNTER COMPETENCE ASSESSMENT PROGRAMME APPLICATION FOR HCAP ASSESSMENT

ALL APPLICATIONS SUBJECT TO ACCEPTANCE
DATES & VENUES SUBJECT TO CONFIRMATION

NAME: _____

ADDRESS: _____

TEL.: _____

EMAIL: _____

DATE: _____

FIRST-TIME MCQ CANDIDATE (FEE €100.00):	YES/NO
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REPEAT MCQ CANDIDATE (FEE €50.00):	YES/NO
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IF REPEAT CANDIDATE PLEASE GIVE ORIGINAL PERSONAL HCAP ASSESSMENT NUMBER:
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<p style="text-align: center;">SEND TO: DEER ALLIANCE HCAP ASSESSMENT COMMITTEE, P.O. BOX 10, BRAY, CO. WICKLOW.</p> <p style="text-align: center;"><u>ENCLOSE ASSESSMENT FEE €100.00/€50.00 (SEE ABOVE)</u> <u>(CHEQUE OR MONEY ORDER ONLY PLEASE, DO NOT SEND CASH)</u></p> <p style="text-align: center;">EMAIL ENQUIRIES: HCAP@IRELAND.COM TELEPHONE ENQUIRIES: 086 1927 845</p>

SEE BACK

INFORMATION REQUIRED

NOTE: INFORMATION REQUESTED IS FOR PURPOSES OF PRIORITISING APPLICATIONS SHOULD IT BE NECESSARY TO DO SO. IF THE ASSESSMENT PROGRAMME IS OVER-SUBSCRIBED IN ANY ONE PERIOD, PRIORITY WILL BE GIVEN TO CURRENT COILLTE LICENCEES AND TO MEMBERS OF PARTICIPATING ORGANISATIONS.

ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL
NOTE: ASSESSMENT FEE COVERS FIRST ATTEMPT ONLY AT MULTIPLE-CHOICE EXAMINATION & RANGE TESTING CONDUCTED BY HCAP ASSESSMENT COMMITTEE, ALSO CERTIFICATION TO SUCCESSFUL CANDIDATES

DO YOU CURRENTLY HUNT DEER ON COILLTE FOREST LAND? (TICK AS APPROPRIATE)

NO: _____ YES, AS LICENCEE _____ YES, AS A NOMINATED STALKER _____

ARE YOU A MEMBER OF A PARTICIPATING DEER ORGANISATION?
IF YES, TICK AS APPROPRIATE:

IRISH DEER SOCIETY _____ WILD DEER ASSOCIATION OF IRELAND _____

WICKLOW DEER GROUP _____ WICKLOW DEER SOCIETY _____

DO YOU HOLD A CURRENT DEER HUNTING LICENCE? (TICK AS APPROPRIATE)

YES _____ NO _____

DO YOU HOLD A CURRENT FIREARMS CERTIFICATE FOR A DEER RIFLE? (TICK AS APPROPRIATE)

YES _____ NO _____

(IF YES, STATE CALIBRE): _____

DO YOU CARRY SHOOTING INSURANCE? YES _____ NO _____

IF YES, INDICATE WHICH OF THE FOLLOWING:

NARGC: _____ COUNTRYSIDE ALLIANCE: _____

IFA COUNTRYSIDE IRELAND: _____ OTHER: _____

NOTE: Candidates for Range Testing must produce evidence of insurance cover

OFFICE USE ONLY

APPLICATION NUMBER:

DATE RECEIVED:

FEE PAID:

ACKNOWLEDGED:

MC TESTING:

RANGE TEST:

ASSESSMENT:

REMARKS:

HCAP CERT ISSUED: