

# Application Community Garden



This form should be completed only if you have successfully lodged a 'Community Gardening Expression of Interest' form.

<b>Applicant Details</b>		<b>Date:</b>	
Community garden group name:			
Primary contact details			
Ms/Mr/Mrs/Other	Family Name	Given Name	
No.	Street	Suburb	Postcode
Mailing Address (if different from above)			
Tel 1 (Home/Work/Mobile)		Tel 2 (Home/Work/Mobile)	
ABN (If applicable):		Email:	
No. of current members:		Estimated maximum no. of members:	
Have you registered as an incorporated association			YES NO
Has your community garden organisation purchased public liability insurance?			YES NO
If yes, please attach a copy of your insurance policy to this application form.			

**Eastgardens Customer Service Centre**  
152 Bunnerong Road  
Eastgardens NSW 2036,  
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DX 4108 Maroubra Junction

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Rockdale NSW 2216,  
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**T 1300 581 299**  
**F 02 9562 1777**  
**E** council@bayside.nsw.gov.au  
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**Postal address:**  
PO Box 21 Rockdale  
NSW 2216



Telephone Interpreter Services - 131 450

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<b>Proposed community garden site details</b>			
Please attach an A3 size (this can be hand drawn), concept plan of the proposed garden showing entry points, pathways, garden beds and any proposed structures.			
Can the site be seen from nearby houses or other premises?		YES	NO
Is the site accessible to a range of user groups?		YES	NO
Is the site accessible by public transport?		YES	NO
Does the site receive the minimum four to six hours of sunlight a day necessary to grow vegetables?		YES	NO
How will you irrigate the garden?			
What type of community garden are you planning?			
Only single garden beds for each member		A completely shared garden	
Garden combining single and shared gardening areas			
<b>What types of plants do you plan to grow?</b>			
Vegetables		Fruit/nut trees and shrubs	
Herbs		Flowers	
Native plants/bush foods		Other	
<b>What structures do you plan to build?</b>			
Seating		Fencing	
Raised garden beds		Sun shelter	
compost bins/worm farm		BBQ	
Educational signage		Shed	
Rainwater tanks		Other	
<b>What types of training does your group need assistance with?</b>			
Site analysis		Garden design	
Organic gardening techniques		Organic pest management	
Seed saving		Plant propagation	

Compost and worm farming		No-dig gardening	
Running effective meetings		Participatory decision making	
Other			
<b>Checklist and applicant declaration</b>			
Please ensure the checklist below has been completed and the supporting documentation is attached.			
A concept plan of the proposed garden			
Plan of Management			
Letters of support (optional)			
Letter of support from auspicing group (if applicable)			
Any other relevant documents (please provide details)			
Applicant's name:		Date:	
Applicant signature:			
Telephone:		Email:	