**Appendix A**

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| **AUTHORISED FIREARMS OFFICER AND USER FORM** |

*An authorised firearms user is any staff member or external experienced shooter who holds a relevant Firearms licence, who is authorised by the
Head of School/Branch to use a University owned firearm (Staff) or Non University owned firearm (External experienced shooter) whilst on University related activities. Undergraduate students will not be authorised.*

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| **STAFF MEMBER DETAILS** |

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| Staff ID number |  | Surname |  |
| School/Branch |  | Given names |  |
| Work contact number |  | Mobile  |  |
| **EXTERNAL SHOOTER DETAILS (Contractors)** |
| Company/Business/Organisation Name |  | Surname |  |
| Address |  | Given names |  |
| Phone No. |  | Mobile  |  |
| **FIREARMS LICENCE DETAILS (Please attach a copy of the licence)** |

**For a Firearms Officer** only a valid South Australian Firearms Licence may be used which must match the classes and categories for the activities of the School/Branch.

**For other users**, the licence must be valid for the State where the activity is being conducted which must match the classes and categories for the activities to be undertaken.

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| Firearms Licence No |  | Classes |  |
| Categories |  | Expiration |  |

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| **PRIVATELY OWNED FIREARMS (For both internal and external users)** |
| Firearms details and Serial Number(s) |  |

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| **AUTHORISATION (by Head of School/Branch)** |

I hereby authorise the above mentioned as a firearms user within the University of Adelaide to act in the following capacity until the expiration indicated below within the limitations of their firearms licence. I certify that I have sighted their current Firearms Licence and considered the appropriateness of both the categories and classes for which they are licenced.

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| --- | --- | --- | --- |
| ❑ Firearms Officer (Staff only) | ❑ Deputy Firearms Officer (Staff only) | ❑ User❑ External User | Expiration of authorisationDate / / |
| Name of Head of School/Branch |  | Signature | Date / / |

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| **REVOKING AUTHORISATION (by Head of School/Branch)** |
| **This authorisation is revoked for the following reason(s).** |
| Name of Head of school/Branch |  | Signature | Date / / |

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| **INSTRUCTIONS** |
| **User*** Attach a copy of your current Firearms licence(s) to this form.
* Submit the completed form and a copy of Firearms licence(s) to the Firearms Officer.
* Complete and submit a new form when your licence is renewed to the Firearms Officer.

**Firearms Officer*** Forward the completed form to the Head of School/Branch for authorisation.
* Following authorisation by the Head of School/Branch, forward a copy (i.e. scanned and sent electronically) to (1) Director, HSW and (2) Authorised User.
* Add the users name and expiry to the School/Branch Training Plan
* Register the form in the University records management system.
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