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# DEER ALLIANCE

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## HUNTER COMPETENCE ASSESSMENT PROGRAMME APPLICATION FOR HCAP ASSESSMENT

ALL APPLICATIONS SUBJECT TO ACCEPTANCE  
DATES & VENUES SUBJECT TO CONFIRMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>FIRST-TIME</b> MCQ CANDIDATE (FEE €100.00):	YES/NO
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<b>REPEAT</b> MCQ CANDIDATE (FEE €50.00):	YES/NO
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<b>IF REPEAT CANDIDATE PLEASE GIVE ORIGINAL PERSONAL HCAP ASSESSMENT NUMBER:</b>
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**SEND TO:  
DEER ALLIANCE HCAP ASSESSMENT COMMITTEE,  
P.O. BOX 10, BRAY, CO. WICKLOW.**

**ENCLOSE ASSESSMENT FEE €100.00/€50.00 (SEE ABOVE)  
(CHEQUE OR MONEY ORDER ONLY PLEASE, DO NOT SEND CASH)**

EMAIL ENQUIRIES: [HCAP@IRELAND.COM](mailto:HCAP@IRELAND.COM)  
TELEPHONE ENQUIRIES: 086 1927 845

**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: