**Expression of interest to review National Surveillance Protocols**

## **Application Form 2025**

This form should be used to submit your application for the review of the National Surveillance Protocols (NSPs).

The Subcommittee on National Plant Health Surveillance (SNPHS) are seeking individuals or groups to undertake the review of the NSPs specified on page 2 of this form.

Successful applicants will receive funding to cover their time to complete the agreed tasks.

Application requirements:

* All applicants must complete pages 1-4.
* Refer to the [**Applicant Guidelines 2025**](http://plantsurveillancenetwork.net.au/wp-content/uploads/2025/03/Guidelines-for-NSP-review-2025_closing-17-April-2025.docx) on the PSNAP websiteor availableon request via **NSPCoordinator@phau.com.au**.
* Applications close at **5pm AEDT 17 April 2025**.

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT** | | | |
| **Full name:** |  | | |
| **Organisation name:** |  | | |
| **Position:** |  | | |
| **Phone:** |  | | |
| **Mobile:** |  | | |
| **Email:** |  | | |
| **Mailing address:** |  | | |
| **Signature (can be digital)** |  | **Date:** |  |

*Applicants must have endorsement from their line manager. This endorsement can be in the form of signing the application form below or through supporting emails provided with this application form.*

|  |  |  |  |
| --- | --- | --- | --- |
| **LINE MANAGER OF APPLICANT** | | | |
| **Full name:** |  | | |
| **Organisation name:** |  | | |
| **Position:** |  | | |
| **Phone:** |  | | |
| **Mobile:** |  | | |
| **Email:** |  | | |
| **Mailing address:** |  | | |
| **Signature (can be digital)** |  | **Date:** |  |

**Project details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Select which draft NSP you are interested in reviewing as part of this project. More than one can be selected. Please refer to the** [**Applicant guidelines 2025**](http://plantsurveillancenetwork.net.au/wp-content/uploads/2025/03/Guidelines-for-NSP-review-2025_closing-17-April-2025.docx) **for further information on the review of the NSPs listed below.**   |  |  | | --- | --- | | **☐** | **Glassy-winged sharpshooter (*Homalodisca vitripennis*)** | | **☐** | **Grapevine leaf rust (*Neophysopella* spp.)** | | **☐** | **Texas root rot (*Phymatotrichopsis omnivore*)** | | **☐** | **Polyphagous shot-hole borer (*Euwallacea fornicatus*)** | | **☐** | **Sudden oak death (*Phytophthora ramorum*)** | | **☐** | **Pine pitch canker (*Fusarium circinatum*)** | |
| **Expertise to develop/update/review the selected NSPs**  *Outline your experience/expertise in the pest group(s)or related pests being included in the draft NSP and prior experience in developing or reviewing protocols (if any). If more than one person will be involved in the review/update, list all to be involved and their relevant experience.* |
| **Timeline**  *Outline the expected timeline for completion including a proposed start and end date.* |
| **Linkages and contacts expected to be developed (if any)** |

**Budget**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **INCLUSIONS** | **FUNDING REQUESTED (GST exclusive)** |
| **Salary** |  |  |
| **Other** |  |  |
| **Total (GST exclusive)** |  |  |

|  |
| --- |
| **In kind support or costs covered by your agency (e.g. wages etc., if any)** |