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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 AVAILABLE ON [WWW.DEERALLIANCE.IE](http://WWW.DEERALLIANCE.IE)

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

<b>FIRST-TIME</b> MCQ CANDIDATE (FEE €150.00):	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,  
P.O. BOX 1, BORRIS, CO. CARLOW.**

**ENCLOSE ASSESSMENT FEE €150.00/€50.00 (SEE ABOVE)  
(CHEQUE OR MONEY ORDER ONLY PLEASE, DO NOT SEND CASH)**

Email Enquiries: [deeralliance@gmail.com](mailto:deeralliance@gmail.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 is requested on a voluntary basis and will be treated as strictly confidential. Assessment Fee covers first attempt only at multiple-choice examination & range testing conducted by HCAP Assessment Committee, also certification of successful candidates. The results of all HCAP MCQs are posted on the Deer Alliance blog ([www.deeralliance.blogspot.com](http://www.deeralliance.blogspot.com)) approximately ten days after date of MCQ. Only candidates' individual HCAP number is posted, together with pass/fail mark. All successful candidates' names and numbers are posted on the blog following completion of the overall programme i.e. after Range Test. By submitting this application, all candidates confirm their authority to Deer Alliance HCAP to publish information concerning eligibility and status without breach of the Data Protection Acts 1988 & 2003.

**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:

MCQ TESTING:

RANGE TEST:

ASSESSMENT:

REMARKS:

HCAP CERT ISSUED: