

VICTORIAN ABORIGINAL PLACE COMPONENT FORM

SCARRED TREE

HERITAGE REGISTER NAME _____

HERITAGE REGISTER NUMBER -

Grid Coordinates* E N

*All grid coordinates must be presented with reference to the MGA94 datum Zone 54 Zone 55

Species

- Red gum Black box Grey box Yellow box Stringybark Mallee Box (non-specific)
 Casuarina Cypress pine Swamp gum Other gum Uncertain Other _____

Condition

- Good health Dead (standing) Destroyed
 Poor health (dying) Fallen Removed
 Natural deterioration evident?

Total Number of Scars
(Include toe-holds in total count) _____

Number of Toe-holds _____

Girth at 1.5m high _____ m







DESCRIPTION OF SCAR(S)

Please indicate if the dimensions have been estimated (E)

SCAR NUMBER →	1	2	3	4	5	
Length	_____ m	_____ m	_____ m	_____ m	_____ m	
Width	_____ m	_____ m	_____ m	_____ m	_____ m	
Height above ground	_____ m	_____ m	_____ m	_____ m	_____ m	
OVERGROWTH						
Top	_____ cm	_____ cm	_____ cm	_____ cm	_____ cm	
Middle (left)	_____ cm	_____ cm	_____ cm	_____ cm	_____ cm	
Middle (right)	_____ cm	_____ cm	_____ cm	_____ cm	_____ cm	
Bottom	_____ cm	_____ cm	_____ cm	_____ cm	_____ cm	
SCAR ORIENTATION						
Degrees						
ORIGIN OF SCAR						
Highly Likely Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Definitely Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If there is doubt that the scar is of Aboriginal in origin, then it can not be placed on the Victorian Aboriginal Heritage Register</i>						
TYPE OF SCAR						
Bark removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart-wood removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resource extraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carved tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)	_____	_____	_____	_____	_____	
SCAR PRESERVATION						
Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Very poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destroyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AXE-MARKS (Number)						
AXE-MARK METHOD						
Stone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unidentified origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TYPE OF AXE-MARKS						
Parallel (linear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parallel (curved)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linear (singular)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Criss-cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Random	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STEM REGROWTH PRESENT	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>

SKETCHES

(Show relationship of multiple scars, overgrowth, axe-marks, toe holds etc. Number scars according to the descriptions on front. Draw cross-sections of scar, if possible. Show scale values)

<p>TREE View from _____°</p> 	<p>SCAR No. _____ (Detailed drawing of scar)</p> 
	<p>SCAR No. _____ (Detailed drawing of scar)</p> 
<p>TREE View from _____°</p> 	<p>SCAR No. _____ (Detailed drawing of scar)</p> 
	<p>SCAR No. _____ (Detailed drawing of scar)</p> 

ADDITIONAL INFORMATION
