

# Queen Grafting and Introducing Mated Queens to Established Colonies Workshop



**18<sup>th</sup>-19<sup>th</sup> February 2017**

- Demystify the task of raising queens yourself
- A refresher for those who have raised queens before
- Practical demonstration of equipment and procedures
- **YOU** do your **OWN** graft and check it on day 2
- **Make up a nucleus hive**
  - Demonstration of various methods of introducing mated queens to established colonies
  - For experienced bee-keepers
  - **Your grafts that take, you can take home!**

**Where:** Bee Garden of Illawarra Bee-keepers Association, Eton Street Sutherland

**Date:** Saturday 18<sup>th</sup> and Sunday 19<sup>th</sup> February 2017

**Registration:** 8.30 am      **Time:** 9 am – 5 pm

**Cost:** **\$330** includes morning and afternoon tea. Bee Association members 10% fee reduction. Lunch \$10 per day, please indicate on registration form.

**Includes:** Two days of instruction from an expert bee-keeper with the opportunity to handle live bees, DPI Book “Queen Bee Breeding”, USB containing NSW DPI Queen Bee Publications, Rearing Queen Bees Prime facts and a host of other material.

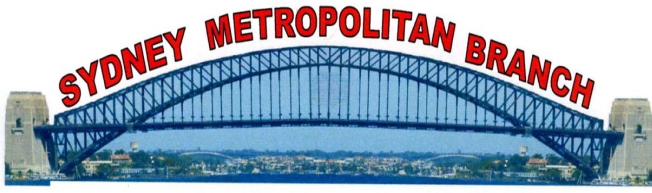
**Instruction:** by Bruce White, OAM

Retired Technical Specialist Apiculture NSW Department of Primary Industries

In this workshop you will work with live bees and undertake practical task of Queen Bee grafting. The two days will allow students to graft a queen larva on day 1 and follow up on day 2 to see how well your graft has taken.

Students will prepare a starter hive for cell rearing, graft a queen larva, raise the cells and make up a mating nucleus hive.

- Prepare a starter hive for cell rearing
- Graft a queen larva
- Raise cells
- Make up a nucleus mating hive
- **BYO** washed / clean safety equipment



**N.S.W. APIARISTS' ASSOCIATION**

**Registration Queen Grafting and Introducing Mated Queens to Established Colonies Workshop**

<b>Name:</b>	<b>For 10% reduction Bee Association</b>
<b>Email:</b>	<b>Organisation name:</b>
<b>Contact Phone:</b>	
<b>Postal Address:</b>	
<b>Emergency Contact</b> (include name and mobile phone):	

**Your Previous Apiary Experience**

**Medical Information**

Describe medical conditions that may affect medical treatment, or please state "none"	
Are you allergic to bee stings? (circle)	Yes          No          Don't Know
If you experience a severe allergic reaction do you consent to course administrators transferring you to Sutherland Hospital? (circle)	Yes    No

**Equipment - Please indicate if you would like to purchase any of the following**

Item	Quantity	Size if required
Grafting brush \$9 ea		
Bee Gloves \$35 (SM / MED / LGE / XL / XXL)		
Other:		

**Lunch** (we can cater for your lunch for \$10 per day or you can bring your own)

Would you like us to provide lunch - salad and meats on gluten free basis (circle) \$10 per day	Yes          No
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**Questions: Do you have any questions for us?**

**Safety**

For your own safety you will need to wear a long sleeve shirt (lightweight if a hot day), long pants tucked into socks and covered shoes. Do not wear perfumes, scented

lotions, shampoos etc. on the day as these annoy bees. If raining or sunny hives will be opened, covered area is available at the Illawarra site.

## Payment

- To confirm your place in the course you must pay a \$50 deposit or the full payment of \$330 (\$297 for 10% reduction)
- If you are paying your balance on the day, only cash or cheque can be accepted.
- Additional bee-keeping equipment ordered must be prepaid.

Make cheques payable to **New South Wales Apiarists Association Sydney Metropolitan Branch**

To pay by Direct Deposit

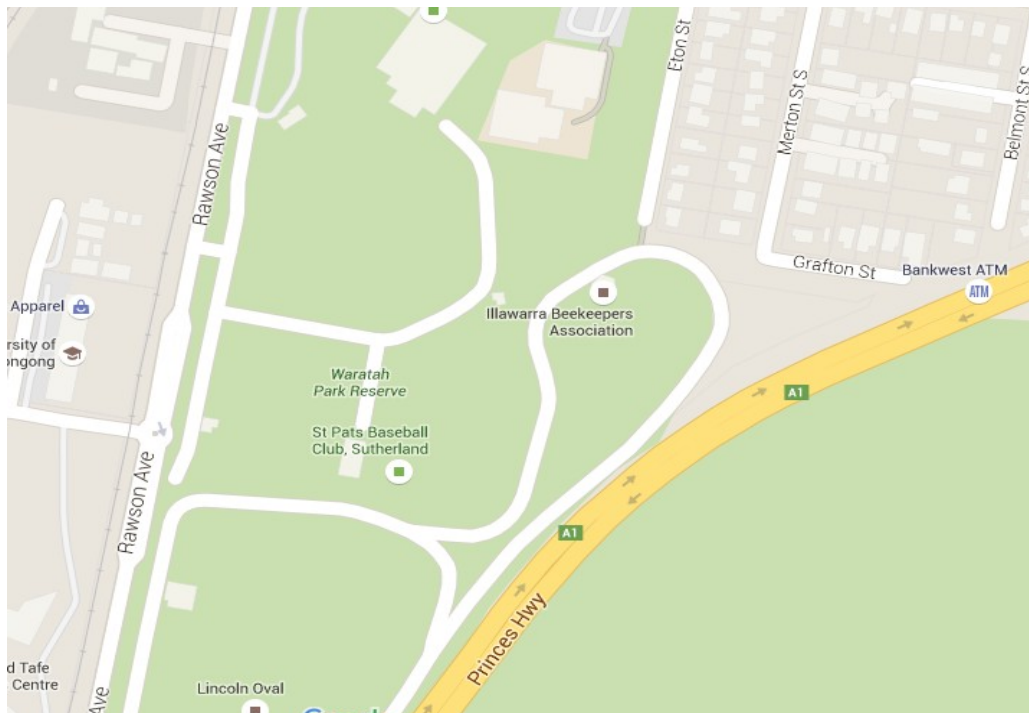
BSB 062-596      Account number 10071378      Reference QW + Your name

## Email or post your completed registration

[sydneybranch@nswaa.com.au](mailto:sydneybranch@nswaa.com.au) / Secretary: Jane Flitter 1 Wewak Place Bossley Park NSW 2176

## Location Map & Address

Illawarra Beekeepers Association Waratah Park, Eton St, Sutherland



Thanks for your interest and we look forward to see you on the day.

Bruce, Paul, Jane, Martin and Liane

**Paul 0403 175 708    Martin 0477 383 482    Mike 0438 316 040**

**Liane 02 9318 2519 evenings**

# Bee Safe

## **Waiver Form for Working with Bees (Acknowledgement of Risk).**

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that activities involving bees can be hazardous and that the servants, agents, representatives or volunteers accept no responsibility or liability for any injury or loss, including loss of life, that I might sustain as a direct or indirect consequence of participating whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers. Except in regard to any rights I may have arising under the laws of N.S.W and Australia.

I acknowledge that the safety precautions undertaken are a service to me and other participants but are not a guarantee of safety. I understand that bees are unpredictable by nature, that when frightened their instincts are to defend the hive. I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, including ambulance transportation that they think desirable during or after participating.

### **STUDENT'S DUTIES:**

1. I agree that I participate at my own risk.
2. I agree that I will not participate if I am under the influence of alcohol and/or drugs.
3. Staff may inspect equipment; however I agree that I will be ultimately responsible for checking the equipment that I use and bringing any problems to the attention of staff.
4. I agree to follow staff members' instructions at all times.
5. I agree that as a condition of participating I must wear a bee veil and closed covered shoes.
6. I agree that I will be responsible for any damages to the premises, property owned by others, injuries to any others, which I may cause by negligent, reckless or irresponsible conduct.

All minors must have a parent or guardian sign this acknowledgement and indemnity for them. If additional space is needed please make copies of this form. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

**I HAVE CAREFULLY READ THIS ACKNOWLEDGMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS AND CONDITIONS APPLY EVERY TIME I PARTICIPATE.**

Privacy Statement - Privacy Act 1998

By completing this form you are supplying personal information about yourself. This information is needed to ensure your safety during your time with us. We are required to collect this information by our insurance company. The information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.

Name \_\_\_\_\_

(If under 18 years of age please state age)

Parent Guardian consent to attend the course

Day: \_\_\_\_\_ Date: \_\_\_\_\_