

Group Wildlife Care Survey.



Queensland Wildlife
Rehabilitation Council Inc
ABN 57 712 538 186

1. Name of group: _____

Address: _____

Contact Phone Number _____

2. Is your group incorporated? YES / NO

3. Does your Group have Public Liability insurance? YES / NO

4. Does your Group have Personal Accident insurance cover for members? YES / NO

5. Does your group operate with a group licence with EcoAccess? YES / NO

6. Do group members operate with individual permits issued by EcoAccess?
YES / NO

7. How many financial members does your group have? _____

8. How many of these are active rehabilitators? _____

9. Does your group have any salaried positions? YES / NO

If YES please explain these positions. _____

10. How many wildlife calls related to sick, injured or orphaned wildlife does your group receive on a monthly basis?

a) General public enquiries: _____

b) Calls requiring action: _____

c) Others (please specific) _____

11. Is there another wildlife care organisation in your district? YES / NO

If yes please list it/ them _____

12. How many independent carers do you know in your district? _____

13. Do your members actively rescue sick, injured or orphaned wildlife? YES / NO

If NO, how do you handle these requests _____

14. What resources do you provide to your members (eg Food subsidies, Rabies Vaccinations, Cages etc.)

15. Do you provide training activities/workshops for your members? YES / NO

If yes, please outline courses, frequency and other details: _____

16. Does your group have a wildlife hotline telephone number? YES / NO

If yes, what is the number and what areas does it cover? _____

17. Does your group have a system for recording statistics on animals handled and release outcomes.

YES / NO

If YES would your Group release this information to QWRC YES / NO

18. Are you prepared to supply QWRC with quarterly returns listing the numbers and origin of animals coming into care, reasons why the animal came into care, and release or demise details for each animal? YES / NO

19. If provided, would your group use and maintain a free online recording system? YES / NO

20. Please provide any further comments you may have about wildlife care issues and what your group feels QWRC could do to assist wildlife rehabilitators (Please feel free to add an extra sheet of paper if required)

Completed by: _____ Date: _____

Name: _____

Title within group: _____

Phone contact: _____

Email address: _____

QWRC thanks you for your valued assistance.