

Group Wildlife Care Survey October 2006.



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 _____
