EAZA Screener Information



## Contact Information

|  |  |
| --- | --- |
| Name |  |
| EAZA (supporting) Full Member  |  |
| Country |  |
| Email Address |  |
| Work Phone |  |
| Mobile Phone |  |
| Languages |  |

## Position

What is the position you currently hold?

|  |  |
| --- | --- |
|  Director |  |
|  Curator |  |
|  Veterinarian Other:  |  |

## Experience

How many years have you worked in the zoo/aquarium field?

 5-10 years

 10-15 years

 15-20 years

 20+ years

Do you have at least 5 years of experience at a Full EAZA Member?

 Yes  No

## Special Experience and Knowledge

What species or taxa do you have expert knowledge of?



What types of facilities have you worked at? (aquarium, bird park, drive through safari, etc)



What other specialized knowledge do you have? (facility construction, government regulations, EEPs, etc)



## Are you willing to participate in screening visits outside of your country?

 Yes  No

## If you were to travel by air, which departing airport is best?

##

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Contact Phone |  |

## Agreement and Signature

 I hereby declare to be willing to take part in at least one screening mission per year and realise that only my travel expenses and full lodging will be covered by applicant institution.

 I confirm that my health, indemnity and repatriation insurance is covered by my supporting institution or by personal travel insurance. Further I understand that EAZA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of EAZA beyond what may be offered freely by EAZA in the event of injury or medical expenses incurred by me.

|  |  |
| --- | --- |
| Name  |  |
| Signature (please insert digital image of signature) |  |
| Date | Click or tap to enter a date. |

## To be completed by Director or CEO of (supporting) Full EAZA Member

 I hereby declare that the above-mentioned professional will be made available for at least one screening mission per year

 I understand that screeners will only be reimbursed for travel expenses and full lodging (e.g. accommodation and meals) during the screening mission and not for any other costs or the time invested.

 I confirm that the signatory above is covered by health indemnity and repatriation insurance provided by the supporting institution or by personal travel insurance. Further I understand that EAZA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of EAZA beyond what may be offered freely by EAZA in the event of injury or medical expenses incurred by the signatory above.

|  |  |
| --- | --- |
| Name  |  |
| Signature (please insert digital image of signature) |  |
| Date | Click or tap to enter a date. |

Please email completed form to borja.reh@eaza.net.

## Thank you for your participation in the EAP. We look forward to working with you.