



ACCREDITED REHABILITATOR APPLICATION

Name: _____

Address: _____

_____ Post Code: _____

Telephone: _____

E-mail: _____

Please Note

- All Applications will be subject to a visit by a Raptor Rescue representative before final Accreditation approval.*
- Raptor Rescue will review social media to ensure Applicant's posted comments and pictures do not conflict with the charity aims and objectives.*
- Aviaries constructed utilising chicken wire or similar are not acceptable.*
- Please complete all parts of the application form with as much detail as possible; and indicating with a ✓ where appropriate.*
- Please contact Raptor Rescue for any assistance required to complete the application.*

1. STATUS *Please tick all that apply*

I am a: Member of Raptor Rescue Member of the Public Veterinary Surgeon Veterinary Nurse
Wildlife/Rescue Centre Novice Falconer Experienced Falconer Other *Please specify:-*

In this Application form, the words raptor or bird(s) of prey, refer to birds that hunt and feed on other animals, which in the UK includes eagles, buzzards, kites, ospreys, harriers, hawks, falcons and owls.

2. EXPERIENCE

How many years experience do you have with birds of prey? 0-5yrs 5-10yrs 10-15yrs 15+

Have you undertaken a course at a falconry/owl centre? Yes No

Have you undertaken the Lantra Course? Yes No

If yes, please give details of what course you did, where and when!

Do you keep birds of prey? Yes No Please specify the type?

Do you fly birds of prey? Yes No Please specify the type?

Please give details of any other experience you have with birds of prey?

Do you have any bird of prey rescue/rehabilitation experience? No Yes *Please give details:*

Have you undertaken any bird of prey related first aid training or courses? No Yes *Please give details:*

Please complete the Bird of Prey Return Form, attached to this Application, to provide details of all birds of prey received and treated over the past year, including dates and outcomes.

3. Facilities

Examination/Treatment Area – *Please provide photographs to support your application*

Do you have an examination/treatment area/room? Yes No

Is it free from draughts and damp? Yes No

Does it have ventilation, i.e. opening windows? Yes No

Are all the windows screened or fitted with vertical bars? Yes No N/A

Does it have an electrical power supply? Yes No

Does it have lighting? Yes No

Does it have a water supply? Yes No

Does it have a source of hot water, e.g. kettle? Yes No

Do you have separate food storage facilities? Yes No

Any other comments or information?

Intensive Care Unit (Hospital Unit) – *Please provide photographs to support your application*

Do you have an Intensive Care Unit (Hospital Unit)? Yes No

Is it constructed from easily cleaned materials? Yes No

Can it be made dark if necessary? Yes No

Does it have any type of controlled heating? Yes No

Seclusion Aviary(s) – *Please provide photographs to support your application*

How many seclusion aviaries do you have?

What size are your aviaries?

What are they constructed of?

What type of frontage do they have? Weld mesh Other *please specify:*

Please state the size and gauge of the wire used?

Do they have a double door (safety) entrance system? Yes No

Do they have cleanable food ledges or platforms? Yes No

Do they have sufficient observation points to monitor casualties? Yes No

4. General Equipment

Do you have a catch net? Yes No

Do you have transportation boxes? No Yes *Please describe:-*

Are they constructed of easily cleaned materials? Yes No - or are they a disposable type? Yes No

5. First Aid Equipment

Do you have a drugs/medicine cupboard/cabinet? Yes No

Is it out of the reach of children? Yes No

Is it secure? Yes No

Do you have fluid replacement equipment? Yes No

Do you have various size syringes? Yes No

Do you have various size crop tubing? Yes No

Do you have a supply of glucose lectade or similar? Yes No

Do you have a supply of disposable gloves? Yes No

Do you have suitable disinfectants? Yes No

It is accepted that not all Applicants may already be in possession of all listed equipment and Raptor Rescue will, as necessary, provide assistance to identify sources of suitable equipment.

6. Records

Do you keep accurate records of all casualties? No Yes

Please include examples of records and forms used.

Please note, all Accredited Raptor Rescue Rehabilitators are required to complete an annual Survey Form which includes....

- *Date bird received.*
- *Any identification, ring numbers*
- *Who passed the bird on i.e. Vet, Police, Member of Public, RSPB, RSPCA etc.*
- *Species, male or female, adult or immature.*
- *Injuries.*
- *Did bird require stabilisation, minor or major treatment etc.*
- *Final outcome, i.e. released, died, euthanised, retained, passed to other rehabilitator.*



ACCREDITED REHABILITATOR APPLICATION

Please give details of the Veterinary practice(s) you use (names & addresses):

Please indicate any supporting references (names & addresses):

Any other information or comments you feel may be relevant to your application:



ACCREDITED REHABILITATOR APPLICATION

Applicant declaration: I (print name) _____ declare that the above application is a true representation of my experience and facilities at the said address and I would like to apply to be a **Raptor Rescue Accredited Rehabilitator**. I agree to be visited by a representative of Raptor Rescue at any reasonable time to inspect the suitability of my facilities to receive birds for rehabilitation..

I accept I must be a current member of Raptor Rescue to become and continue as an Accredited Rehabilitator; and that I must participate in the annual survey by completing and returning the return forms.

I certify that I am not under investigation or have been investigated or convicted or cautioned for any offence relating to animals or wildlife by either the Police or Animal Welfare Organisations. I give my permission for the Police to pass any relevant information to Raptor Rescue Trustees; including information of previous convictions or investigations they have carried out in relation to me and for them to disclose current or future enquiries, which may have a bearing on my continued suitability to remain a Raptor Rescue Accredited Rehabilitator.

Signed: _____ Date: _____

Print Name: _____

Please send completed Application with supporting photographs and documents to the Secretary (see web site for name & address)

Raptor Rescue Board of Trustees:

Application Received:

Date of Visit: By:

Application considered at Trustee meeting on or agreed by exchange of email on

Signed: Chairman

Signed: Secretary

Applicant notified of outcome:

Letter and certificate sent:

Rehabilitators Handbook issued:

Helpline Notified:

Please Note: To enter details on the following form, you need to *double click* on it first. Also please copy the form if you have more than 10 birds to report.



ACCREDITED REHABILITATOR APPLICATION

Bird of Prey Return Form

Please put X in relevent boxes

Species:									
ID / Ring number									
Captive Bred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Received:									
Received from:									
Vet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSPCA / SSPCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSPB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other rehabilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age:									
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex:									
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cause of Injury:									
Natural cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unnatural injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic pet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment:									
Stabilisation (no vet required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor (injections/simple fracture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major (operation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp Accom (before rehoming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No of days bird is held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Outcome:									
Released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Euthanised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Died	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed to other rehabilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Returned to owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of final outcome:									