



## ACCREDITED REHABILITATOR APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Please complete all parts of the form giving as much detail as possible or indicate with a ✓ in the appropriate box.*

### 1. STATUS *Please tick all that apply*

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

### 2. EXPERIENCE

How many years experience do you have with birds of prey and owls? 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/fly your own birds of prey/owls? Yes  No

What type of birds do you keep/fly? *Please specify:*

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

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

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

***Please complete the attached survey for birds handled during the last calendar year.***

### **3. Facilities**

#### **Examination/Treatment Area – *Please provide photos to back 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 running or water supply? Yes  No

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

Do you have separate food storage facilities? Yes  No

Any other comments or information?

#### **Intensive Care Unit (Hospital Cage) – *Please provide photos to back your application***

Do you have an Intensive Care Unit (Hospital Cage)? 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 photos to back 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? Chicken wire  Weld mesh  Other  *please specify:*

Please state the size and gauge of the wire used?

Do they have a double door entrance system? Yes  No

Do they have cleanable food ledges or platforms? Yes  No

Do they 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

## 6. Records

Do you keep accurate records of all casualties? No  Yes

*Please include examples of records and forms used.*

*Please remember you will be asked to complete an annual survey form which should include the following:*

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

**Please give details of the Vet(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:**

**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 trustee of the charity at any reasonable time in order to inspect my facilities and ensure I am suitable to receive raptors.

I also agree to maintain my membership to Raptor Rescue and to participate in the annual survey when requested and I understand that to continue as an **Accredited Rehabilitator** I need to return the survey form(s) each year along with an **Annual Accredited Declaration Form**.

I agree to disclose to the trustees of the charity details of any convictions or investigations related to animals and/or wildlife that may have been carried out by the police or an animal welfare organisation. I also give my permission for the police to pass any relevant information to the charity's 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 in Raptor Rescue.

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:**

This application has been accepted at a meeting of the Board of Trustees on:\_\_\_\_\_

Signed:\_\_\_\_\_ Chairman

Signed:\_\_\_\_\_ Secretary

Letter and certificate sent: \_\_\_\_\_

Rehabilitators Handbook sent:\_\_\_\_\_

Helpline Notified:\_\_\_\_\_