

## Questionnaire for EARAZA Inspection Team candidates

### Contact information

|                                    |  |
|------------------------------------|--|
| Name                               |  |
| EARAZA (supporting) institution(s) |  |
| Country                            |  |
| Email                              |  |
| Work phone                         |  |
| Mobile phone                       |  |
| Languages                          |  |

### Position

- Director  
 Curator of zoological collection/ Deputy Director for zoology/ similar position  
 Veterinarian  
 Head of department/ sector/ senior specialist, or other similar position  
 Other

Text field

### Experience

How many years have you worked in zoos/ aquariums/ similar organizations?

- 5–10 years  
 10–15 years  
 15–20 years  
 20+ years

Do you have at least 5 years of experience at the institution that is a full member of EARAZA, EAZA, WAZA, or any national association of zoos and aquariums?

Yes  No

### Special experience and knowledge

What species or taxa do you have expert knowledge of?

Text field

What types of institutions do you work/ have you worked at? (aquarium, bird park, safari park, etc.)

Text field

What other specialized knowledge do you have? (facility construction, legislation, marketing, etc.)

Text field

### Additional information about yourself

Text field



**Are you ready to participate in inspections outside of your country?**

Yes  No

**Agreement and Signature**

- I hereby declare to be willing to take part in one or more screening visits per year and realize that only my travel expenses and full lodging will be covered by applicant institution.
- I confirm that my health and life insurance is covered by my supporting institution or included in my personal travel insurance. Further, I understand that EARAZA does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I waive any such claim for compensation or liability on the part of EARAZA beyond what may be offered voluntarily by EARAZA in the event of injury or medical expenses incurred by me.

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Date      |  |

**To be completed by the director or CEO of the (supporting) EARAZA member institution**

- I hereby declare that the above-mentioned specialist will be provided with the opportunity to participate in at least one inspection per year.
- I understand that the member of the inspection team will only be reimbursed for travel expenses and full lodging (accommodation and meals) during the inspection and not for any other expenses or the time invested.
- I understand that EARAZA does not assume any responsibility or obligation to provide the above-mentioned specialist with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance, except for what EARAZA may offer voluntarily.

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Date      |  |

Send the completed questionnaire to: [earaza@mail.ru](mailto:earaza@mail.ru)  
**Thank you for your suggestion!**

**You will be informed about the results of the application review.**