

QUESTIONNAIRE

C E T A F
Consortium of European
T Axonomic Facilities

Please return to:

Stefan Claesson
Chair of CETAF
Swedish Museum of Natural History
Box 50007
SE-104 05 Stockholm
Sweden
stefan.claesson@nrm.se

Name of Institution:

Postal Address:

Tel: +

Fax: +

www:

e-mail:

Name of Director (or Science Director):

Office tel: +

Office fax: +

Office e-mail:

Name of Contact person (all correspondence)

Office tel: +

Office fax: +

Office e-mail:

Type of Institution

Zoological Museum

Botanical Garden

Culture collection

Paleontological, mineralogical, Geological Museum

Herbarium

Other

State

City

Private

Regional

University

Other

Main source of income from:

Collections

Size of collections:

X million individual specimens

Expected order of magnitude:

Zoology > 6.000.000
 Paleontology/Mineralogy/Geology > 1.000.000
 Herbarium > 1.000.000
 Mycological etc. culture collections > 10.000

No. of *primary* types:

Existing registration:

Expected

% in filing cards or related system:

% in digital system:

No. of outgoing loans (parcels) / year :

(more than 100)

No. of scientific visitors / year:

(more than 100)

No. of visitors days

No. of accessions / year:

Staff

(min. of 20 acad. staff / postdocs expected)

| A) <i>Scientific Staff</i> | Number |
|-----------------------------------|--------|
| 1. Tenured scientific staff | |
| 2. Post-docs | |
| 3. PhD students | |
| 4. Curators (if different from 1) | |
| 5. Collection Managers / techn | |
| 6. Others (Associates, etc.) | |
| TOTAL (1+2+3+4+5+6) | |

| B) <i>Other Staff (exhibitions, etc. not scientists)</i> | Number |
|--|--------|
| | |
| | |
| | |
| TOTAL | |

| | |
|-----------------------|----|
| TOTAL NUMBERS (A + B) | N° |
|-----------------------|----|

Research

Formal review system?

YES/NO

Research facilities (equipment):

No. of research publications over the last 3 years:

(Expected: min. 100)

Journals/Series published by the Institution:

(Please, add a one-page summary of the research programme and key publications)

Statement

- * I endorse the MoU for the establishment of CETAF
- * I am prepared to commit myself to the objectives of CETAF, and to contribute to its joint activities
- * I am prepared to pay a yearly subscription for CETAF *

Signature of director:

Place:

Date:

* Please, indicate any reasons why you may not reasons why you may/may not fulfill this financial statement.