



THE VETERINARY ASSOCIATION OF ZAMBIA

(Established by Act No. 45 of 2010)

Kwacha House, Room 13, Cairo Road · P.O. Box 32117, Lusaka, Zambia
secretary@vaz.org.zm · +260 211 238720 · +260 954 170130

VAZ STRATEGIC PLAN 2026–2030 · PRIORITY 4: VETERINARY NETWORKS

Member Expertise Declaration 2026

Closing date: 31 October 2026 · Email to secretary@vaz.org.zm · Confidential when completed

Four simple steps

- 1 Open**
this file in Adobe Acrobat Reader, Edge or Chrome, or print it.
- 2 Complete**
every field marked * — about 7 minutes.
- 3 Save**
the file, adding your name: e.g. "Declaration - J Banda.pdf".
- 4 Email**
it to secretary@vaz.org.zm by 31 October 2026, or hand it in.

Your information

VAZ is building a national network map of veterinary professionals and their expertise (Strategic Plan 2026–2030, Priority 4). We record where you WORK, never your home address. Your answers are used only for the network map, member services and referrals, under the Data Protection Act No. 3 of 2021. Public maps show counts only.

1 ABOUT YOU

TITLE *	FULL NAME *
Select...	
EMAIL ADDRESS *	MOBILE NUMBER
VCZ REGISTRATION NUMBER *	
CADRE *	
☐ Veterinary Surgeon (Veterinarian) ☐ Veterinary Para-professional ☐ Veterinary Nurse ☐ Other	
IF OTHER, PLEASE SPECIFY	

2 QUALIFICATIONS AND TRAINING

Qualifications beyond your first degree or diploma

PRIMARY QUALIFICATION (QUALIFICATION, INSTITUTION, YEAR) *
HIGHEST POSTGRADUATE QUALIFICATION *
Select...
PHD (FIELD, INSTITUTION, COUNTRY, YEAR COMPLETED)

MASTERS (FIELD, INSTITUTION, COUNTRY, YEAR COMPLETED)

OTHER POSTGRADUATE DIPLOMAS OR CERTIFICATES

Short courses and trainings outside your primary qualification: title, provider and year, one per line (e.g. ISAVET, FAO, 2023 / LQMS, Africa CDC, 2021).

SHORT COURSES AND OTHER TRAININGS

CURRENTLY ENROLLED IN FURTHER STUDY? (PROGRAMME, INSTITUTION, EXPECTED COMPLETION)

3 EXPERTISE

MAIN AREA OF EXPERTISE *

OTHER AREAS OF EXPERTISE — TICK UP TO THREE

- | | |
|---|--|
| ☐ Rabies & zoonoses | ☐ Poultry health & production |
| ☐ Antimicrobial resistance & stewardship | ☐ Ruminant & livestock production |
| ☐ Tick-borne & vector-borne diseases | ☐ Pig health & production |
| ☐ Trypanosomiasis & tsetse | ☐ Companion animal medicine & surgery |
| ☐ Parasitology & helminthology | ☐ Pharmacology & toxicology |
| ☐ Tuberculosis & mycobacteria | ☐ Reproduction & theriogenology |
| ☐ Transboundary & viral diseases | ☐ Anatomy, physiology & biochemistry |
| ☐ Epidemiology & surveillance | ☐ Animal nutrition & feed |
| ☐ Molecular diagnostics & genomics | ☐ Animal health economics |
| ☐ Food safety & veterinary public health | ☐ One Health systems & policy |
| ☐ Wildlife & ecosystem health | ☐ Laboratory systems & quality |
| ☐ Aquatic animal health & fisheries | |

ANY OTHER EXPERTISE NOT LISTED

SPECIES YOU MAINLY WORK WITH

- | | | |
|--|---|---|
| ☐ Cattle | ☐ Fish | ☐ Laboratory animals |
| ☐ Goats & sheep | ☐ Dogs & cats | ☐ Not species-specific |
| ☐ Pigs | ☐ Horses & donkeys | |
| ☐ Poultry | ☐ Wildlife | |

4 WHERE YOU WORK*Your duty station — never your home address*

CURRENT EMPLOYER / INSTITUTION *

JOB TITLE / POSITION *

SECTOR *

DUTY-STATION PROVINCE *

DUTY-STATION DISTRICT (IF IN ZAMBIA)

COUNTRY (IF OUTSIDE ZAMBIA)

OTHER DISTRICTS YOU REGULARLY SERVE

5 NETWORK AND CONSENT

May VAZ list your name, qualifications, expertise and duty-station district in the members-only VAZ expertise directory? *

☐ Yes☐ No

Are you willing to be contacted for referrals, mentoring or expert advice? *

☐ Yes☐ No

ORCID ID (OPTIONAL, E.G. 0000-0002-1825-0097)

6 DECLARATION

☐ I confirm that the information in this form is accurate, and I consent to the Veterinary Association of Zambia processing it for the national veterinary expertise network map, member services and referrals, under the Data Protection Act No. 3 of 2021. I understand that public maps show counts only, and that my name will be listed in the members-only directory only if I have answered Yes above.

SIGNATURE (TYPE YOUR FULL NAME) *

DATE (DD/MM/YYYY) *

HOW TO SUBMIT YOUR DECLARATION

DEADLINE Saturday, 31 October 2026
EMAIL secretary@vaz.org.zm — subject: "Member Expertise Declaration – [your name]"
BY HAND VAZ Secretariat, Kwacha House, Room 13, Cairo Road, Lusaka
QUERIES secretary@vaz.org.zm · +260 211 238720 · +260 954 170130
ONLINE Prefer to do it online? Use the form on member.vaz.org.zm (News).

FOR OFFICE USE ONLY — VAZ SECRETARIAT

REGISTER ID (VN-)

DATE RECEIVED

ENTERED IN REGISTER

RECEIVED BY