

SHALDON WILDLIFE TRUST APPLICATION FORM

Please complete in ink and use BLOCK CAPITALS

PERSONAL DETAILS

Forename(s)	Date of Birth
Surname	Age
Title: Mr/Mrs/Ms/Miss/Other	

Address	Telephone numbers:
	Home
Postcode	Work
	Mobile

Email (home)	Email (work)
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Please specify which you would like to do:	
Volunteer <input type="checkbox"/>	Work experience <input type="checkbox"/>

If work experience is organised through school/college etc please give details:

Contact name:	Contact Address:
Contact telephone no.:	

HEALTH

Please give details of any disabilities, medical conditions, allergies or other illnesses you think we should know about:

SKILLS AND EXPERIENCE

Please give brief details of any skills or experience which could be helpful whilst completing your work experience at the trust:

TELL US ABOUT YOURSELF

To introduce yourself to our team, please tell us what your main interests, sports and hobbies are, and why you wish to carry out work experience/volunteer work here at the trust.

Have you ever been convicted of a criminal offence?
If yes, please give brief details

N.B. Rehabilitation of Offenders Act, 1974

AVAILABILITY

If you are carrying out work experience do you have specific dates or days? If so please specify

If you are volunteering your time which days are you available? (Volunteers work one specific day each week)

Please use this space for any additional information you would like to tell us

REFERENCES

Please provide two references below

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I confirm that the above information is correct	
Applicants signature	Date

FOR OFFICE USE ONLY

Received on:	Interviewed on:	Starting date:
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