

WORK EXPERIENCE

Application Form

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| **FOR OFFICE USE ONLY** |
| **Received on…………………… Trial date………………….. Starting date…………………...** |

Applicants must be at least 16 years old to undertake work experience at Shaldon Wildlife Trust, and must have an up to date Tetanus vaccination.

PLEASE PRINT CLEARLY

**PERSONAL DETAILS**

Forename(s)……………………………………………………………………………………………..

Surname…………………………………………………………..Title: Mr/Mrs/Ms/Miss/Other

Date of Birth…………………………………………….. Age………………………………………

Address…………………………………………………………………………………………………..

.…………………………………………………………………… Postcode………………………..

Phone: Home…………………………………..…… Mobile ……………………………………..

Email ……………………………………………………………………………………………………..

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| **If work experience is organised through school/college etc please give contact details**College/School name…………………………………………………………….………………………………….Address ………………………………………………………………………..……………………………………..……………………………………………………………………………Post code……….……………………….Contact name at your college/school ….……………………………………………………… …………….….Email ……………………………………………………………………… Phone no.…………………………… |

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| **SKILLS AND EXPERIENCE** |
| Please give brief details of any skills or experience which could be helpful whilst volunteering/ completing your work experience at the trust |

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| **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

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| **HEALTH** |
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Please give details of any disabilities, medical conditions, allergies or other illnesses Do you have an up to date Tetanus vaccination?

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| **AVAILABILITY** |
| Do you have specific dates or days allocated for volunteering? If so please specify |

**Have you ever been convicted of a criminal offence? If yes, please give brief details** |
| N.B. Rehabilitation of Offenders Act, 1974*If you have any additional information you would like to give us please attach it to this application form.* |

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| Please provide the contact details for references:Name ……………………………………………………………………………………………………………...Email …………………………………………………………………..… Phone no.……………..……………Address ……………………………………………………………………………………………….………….……………………………………………………………………………………………………...……............. Postcode………………………………..............Name ……………………………………………………………………………………………………………...Email …………………………………………………………………..… Phone no.……………..……………Address ……………………………………………………………………………………………….………….……………………………………………………………………………………………………...……............. Postcode………………………………..............If you have any additional information you would like to send us please attach it to this application form |

**Applicant declaration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| *I confirm that the information given in this application form is complete and correct***Applicant’s signature ……………………………………………………….****Date…………………………………………………………….………….……** |