



WORK EXPERIENCE APPLICATION FORM

TITLE: **MR** **MRS** **MS** **MISS** _____

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____ **SUBURB:** _____

STATE: _____ **POSTCODE:** _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____ **DOB:** _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

PHONE: _____ **MOBILE:** _____

Please Note: Volunteering at The National Zoo and Aquarium requires commitment. Our Zookeepers rely heavily on volunteer support. By not turning up on a day you have nominated means our keepers may not be able to complete their tasks. There is a fee of \$50 payable once accepted on our work experience program to help cover you for insurance, unless we receive a certificate of currency from your school.

National Zoo & Aquarium

P: 02 6287 8400 | W: www.nationalzoo.com.au

F: 02 6287 8401 | A: RMB999 Lady Denman Dve, Yarralumla, ACT 2600



1. Why are you interested in the work experience program at the National Zoo & Aquarium?

2. Where did you here about our program?

3. Have you any training or experience in this area of work?

4. Have you a history or physical or mental illness that we should be aware of?

5. Is there anything which would make you unsuitable for certain types of volunteer activities?

6. We have a minimum of two weeks (10 working days) for work experience; please write your preferred dates;

1st week starting/...../..... Finishing...../...../.....
 2nd week starting/...../..... Finishing...../...../.....

NOTE: We require a copy of your School's certificate of currency to cover you for insurance purposes while working on the grounds of the National Zoo & Aquarium. If you are not coming to us through a school we require a \$50 fee to help cover you for insurance.

Applicants signature: _____ **Date:** _____

Please return completed form to admin@nationalzoo.com.au or fax to (02) 6287 8403

Office use only

Contacted for WEX	Date:
Start date	Date:
Finish date	Date:

Forms received
 Safety Form _____
 Insurance form or payment _____