



August 10

## WORK EXPERIENCE APPLICATION FORM

(Secondary School Students)

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

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**SURNAME:**

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**GIVEN NAME:**

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**ADDRESS:** \_\_\_\_\_ **SUBURB:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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### EMERGENCY CONTACT:

**NAME:**

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**RELATIONSHIP:**

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**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**Please Note:** Work Experience at the National Zoo and Aquarium requires commitment. Our Zookeepers rely heavily on WEX support. By not turning up on a day you have nominated means our keepers may not be able to complete their tasks. 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.

**National Zoo & Aquarium**

P: 02 6287 8400 | W: [www.nationalzoo.com.au](http://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 hear about our program?  
 \_\_\_\_\_
3. Have you any training or experience in this area of work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you a history of physical or mental illness that zoo staff should be aware of? (If yes, please tick the following)     Yes     No
 

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Chronic Fatigue
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Back problems	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Repetitive strain injuries	<input type="checkbox"/> Other	

 If other please specify: \_\_\_\_\_
5. Do you suffer from any allergies (e.g. fish, hay fever, mould)?     Yes     No
6. If yes please specify: \_\_\_\_\_
7. Is there anything which would make you unsuitable for certain types of volunteer activities?  
 \_\_\_\_\_
8. We have a minimum of two week (10 working days) for school student work experience; please write your preferred dates;  
 1<sup>st</sup> choice starting ...../...../.....    Finishing...../...../.....  
 2<sup>nd</sup> choice starting ...../...../.....    Finishing...../...../.....

I \_\_\_\_\_ (Parent/Guardian) declare that the information disclosed about \_\_\_\_\_ (applicant) in this application is correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Student Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Name of School: \_\_\_\_\_ Year: \_\_\_\_\_

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

**Office use only**

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

Forms received  
 Safety Form \_\_\_\_\_  
 Insurance form or payment \_\_\_\_\_