



August 10

WORK EXPERIENCE APPLICATION FORM

(Secondary School Students)

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

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____ **SUBURB:** _____

STATE: _____ **POSTCODE:** _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____ **DOB:** _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP: _____

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

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;
 1st choice starting/...../..... Finishing...../...../.....
 2nd 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 _____