



## 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: 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 got a history of physical or mental illness that zoo staff should be aware of? (If yes, please tick the following)  Yes  No

- Asthma  Epilepsy  Chronic Fatigue
- Heart Condition  Back problems  Arthritis
- Repetitive strain injuries  Other

If other please specify: \_\_\_\_\_

5. Do you suffer from any allergies (e.g. fish, hay fever, mould)?  Yes  No

If yes please specify: \_\_\_\_\_

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

\_\_\_\_\_

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

1<sup>st</sup> week starting ...../...../..... Finishing...../...../.....

2<sup>nd</sup> week starting ...../...../..... Finishing...../...../.....

**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 \_\_\_\_\_

**National Zoo & Aquarium**

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

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