



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

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;

1st week starting/...../..... Finishing...../...../.....

2nd 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 _____

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