



# South Essex Wildlife Hospital

P.O. Box 8, Essex, RM17 5FF

Tel: 01375 893893

*Dedicated to putting 'life'  
back into the 'wild'*

**Personal Details**

## Application Form

Please specify what sort of placement you are applying for: Work Placement Student / Volunteer

**Name:** .....

**Address:** .....

..... **Post Code:** .....

**Telephone No:** ..... **Mobile No:** .....

**Date of Birth:** ..... **Age:** .....

**Marital Status:** ..... **Email Address:** .....

**Next of Kin:** ..... **Relationship:** .....

**Contact No:** .....

**Current UK Driving Licence:** Yes / No **Driving Convictions:** Yes / No

**Health:**

Do you suffer from any long term medical conditions including any mental health issues? Yes / No

(If yes please give further details) .....

Are you currently taking any regular medication? Yes / No

Are you aware of any allergies which could be aggravated by working with animals or plants? Yes / No

**Education and Training**

Date From	Date To	Name of Establishment	Examination and Subject Studied	Grade or Award

**Current Employment**

Start Date	Name of Workplace	Brief description of Duties

**Type of Volunteering**

If you are a Veterinary Nurse or Veterinarian then please indicate this when you apply as we may be able to offer you different options of volunteering such as work experience for your Continual Professional Development.

Animal Care Assistant

DIY/Skilled Tradesman

Fundraiser

Other

Please Specify .....

**Please indicate the days you are available**

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Please note animal care assistants must be prepared to work a full 8 hour shift from 10am. In winter months volunteers are occasionally able to finish earlier.

**Work Placement/Experience Students**

Date placement is required from: ..... To:.....

**Previous Experience – Relevant to the position being applied for**

Date From	Date To	Name and Address of Organisation	Role Type	Brief Description of Duties Performed

**References**

Reference 1	Reference 2
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone No:</b>	<b>Telephone No:</b>
<b>Email:</b>	<b>Email:</b>
May we contact them now? <b>Yes / No</b>	May we contact them now? <b>Yes / No</b>

Due to the nature of our business we are responsible for the well being of our animals, members of the general public, fellow members of staff and students, on and off site. Therefore we may need to do checks and/or criminal record checks (CRB) on you.

Would you give your consent to this? **Yes / No**

Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police and / or had allegations made against you? **Yes / No**  
(as the Rehabilitation of Offenders exemption order 1975 applies you must disclose convictions regarded as spent under the Rehabilitation of Offenders Act 1974)

If Yes, please give details of offences, penalties and dates:  
 .....  
 .....

**Personal Interest**

**Please tell us why you want to volunteer with us, and how you can contribute to the charity:**

.....  
 .....  
 .....  
 .....  
 .....

*To the best of my knowledge, the information given on this form is true. Should I accept a volunteer position at South Essex Wildlife Hospital, I understand that it will be on the basis that the truthful completion of this form constitutes part of the terms of contract of my employment.*

**Name:** .....

**Signature:** ..... **Date:** .....