



April 09

## WORK EXPERIENCE APPLICATION FORM

(Secondary School Students)

**TITLE:**            **MR**      **MRS**      **MS**      **MISS** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**GIVEN NAME:** \_\_\_\_\_

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

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

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

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

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### EMERGENCY CONTACT:

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

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

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

**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 here about our program?  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you any training or experience in this area of work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Have you a history or physical or mental illness that we should be aware of?  
 \_\_\_\_\_
5. Is there anything which would make you unsuitable for certain types of volunteer activities?  
 \_\_\_\_\_
6. We have a minimum of one week (5 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...../...../.....

**NOTE:** We require a copy of your schools certificate of currency to cover you for insurance purposes while working on the grounds of the National Zoo & Aquarium.

Student Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 NAME OF SCHOOL: \_\_\_\_\_ Year: \_\_\_\_\_

Please return completed form to admin@nationalzoo.com.au or fax it through on (02) 6287 8480

**Office use only**

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

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