

LINTON ZOO CONSERVATION PARK

APPLICATION FORM FOR 6 WEEK WORK EXPERIENCE PLACEMENT

PLEASE NOTE THIS DOES INCLUDE WEEKENDS AND BANK HOLIDAYS

FEE: £100 PER PLACEMENT

(Fee payable after successful interview and is strictly non-returnable even if you are unable to attend your booked work experience)

DATES AVAILABLE: _____

(Must be 6 week block periods, we get booked up very quickly so the more dates you offer us the better chance of finding a suitable placement)

Full Name: Sex: M/F

Address:

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Home telephone: Mobile:

Email:

National Insurance Number: D.O.B.:

Do you smoke? YES/NO Method of transport to work:

Nationality: Marital Status:

Do you hold a full clean UK Driving Licence? YES/NO

If NO give details:

Do you suffer from any known illness? YES/NO

If YES give details:

Do you suffer with any medical problem that may put you at risk while working with any of the livestock within the gardens? YES/NO

If YES give details:

Are you currently under the care of a medical professional? YES/NO

If YES give details:

Do you have an allergies? YES/NO

If YES give details:

Are you registered disabled? YES/NO

If YES give details:

Do you have a First Aid Certificate?

Have you ever been convicted of a criminal offence? YES/NO

If YES give details:

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**WARNING: IT IS A CRIMINAL OFFENCE IF ANY SUCH
CONVICTION IS NOT DISCLOSED**

Please give details of your education and achievements:

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Do you have any professional qualifications, training or other?

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Please indicate what your best skills are:

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Please give any further information:

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Please tell us a little bit about why you would be applying for our work
experience with us eg. to help with college course, personal interest etc:

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Employment History - Paid or Voluntary

(please use separate sheet of paper if more space required)

Name of previous employer			
Address			
Telephone number			
Position held			
Period of employment	From:		
	To:		
Reason for leaving			

Name of previous employer			
Address			
Telephone number			
Position held			
Period of employment	From:		
	To:		
Reason for leaving			

Name of previous employer			
Address			
Telephone number			
Position held			
Period of employment	From:		
	To:		
Reason for leaving			

Name of previous employer			
Address			
Telephone number			
Position held			
Period of employment	From:		
	To:		
Reason for leaving			

Signature: Date:

**Please return a printed copy of this form to:
Kim Simmons, Linton Zoo, Hadstock Road, Linton, Cambridgeshire, CB21 4NT**