



WEIRFIELD WILDLIFE HOSPITAL

27 ROOKERY LANE, LINCOLN. LN6 7PX – TEL No. (01522) 530 428

REGISTERED CHARITY NO. 1079554 WEBSITE – www.weirfield.co.uk

JOB APPLICATION FORM – Page 1 of 3

SURNAME:		FIRST NAMES:	
Mr/Mrs/Miss/Ms:		Date of Birth:	
ADDRESS:			
TEL NO: (DAYTIME)	TEL NO: (EVENING)	E-MAIL ADDRESS:	
POSITION APPLIED FOR:			
ALLERGIES/MEDICAL CONDITIONS:			
DO YOU HAVE ANY EXPERIENCE WORKING WITH ANIMALS? (If yes, please give details)		YES / NO	
WHAT ARE YOU EXPECTING TO GAIN FROM THIS PLACEMENT?			



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JOB APPLICATION FORM – Page 2 of 3

SURNAME:	FIRST NAMES:								
<p>WOULD YOU HAVE ANY PROBLEM IN CARRYING OUT ANY OF THE FOLLOWING? (If you answer 'YES' to any of the following, please state the reason)</p> <table><tr><td>Handling all forms of Wildlife, dead or alive?</td><td>YES / NO</td></tr><tr><td>Feeding animals and cleaning out pens and cages?</td><td>YES / NO</td></tr><tr><td>Dealing with the Public?</td><td>YES / NO</td></tr><tr><td>Answering the telephone?</td><td>YES / NO</td></tr></table>		Handling all forms of Wildlife, dead or alive?	YES / NO	Feeding animals and cleaning out pens and cages?	YES / NO	Dealing with the Public?	YES / NO	Answering the telephone?	YES / NO
Handling all forms of Wildlife, dead or alive?	YES / NO								
Feeding animals and cleaning out pens and cages?	YES / NO								
Dealing with the Public?	YES / NO								
Answering the telephone?	YES / NO								
ARE YOU ABLE TO WORK ON YOUR OWN?:									
ANY OTHER INFORMATION WHICH MAY HELP YOUR APPLICATION?:									



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JOB APPLICATION FORM – Page 3 of 3

SURNAME:		FIRST NAMES:	
WHAT COULD YOU BRING TO WEIRFIELD?:			
NEXT OF KIN DETAILS:			
NAME:		TEL No(s):	
ADDRESS:		RELATIONSHIP:	
<p>I hereby declare that the statements made by me in the whole of this application are true and any falsification may result in dismissal should I take up a work experience / volunteer placement. I also acknowledge that it is advised that I have an up to date Tetanus prior to starting work and I should wear suitable outdoor warm and old clothing.</p>			
..... SIGNATURE	 DATE	
(If under 16, this form should be signed by a parent of guardian below.)			
..... PARENT/GUARDIAN			