



**Tiggywinkles' Student Placement Application Form**  
**SELF FUNDED**  
**Work-Based Animal Care Training Course**

**Personal Details**

Title: *Mr/Mrs/Miss/Ms*

Forename:

Surname:

Address:

Post code:

Telephone Number:

Mobile Number:

Date of Birth:

Nationality:

National Insurance Number:

Email Address:

Do you have a clean current driving licence?

**Education**

Dates:

Secondary School:

Exam results

**Further Education**

Dates:

Where Attended:

Qualification & Results:

## Employment or Work Experience Details

Employer: Address:  Dates:  Job Title: Duties: Hours:	Employer: Address:  Dates:  Job Title: Duties: Hours:
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## Relevant Medical Details

Tetanus is a serious bacterial infection that can be spread by animal bites. Accordingly, and given that working in close proximity to and handling animals is an intrinsic function of the role for which you have applied, it is very important that your tetanus vaccination (which lasts for ten years) is up to date. Please confirm below whether this is the case.

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Last Vaccination: \_\_\_\_\_

The work can be very active and involves bending and lifting. In particular, lifting and handling animals and heavy items such as bags of feed and bedding materials and cleaning cages at different heights are intrinsic functions of the role for which you have applied. Please indicate below whether you have any medical condition(s) which may prevent you from carrying out these intrinsic functions, e.g. bad back. Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition(s).

Medical Condition:	Reasonable Adjustments Required:

The work involves working with lots of different species of animals, handling feed and bedding materials such as hay and straw and cleaning cages with appropriate chemical substances; all of which are intrinsic functions for the role. Latex gloves are also usually worn by our staff. Please indicate below whether you have any medical condition or any phobia or allergies that may be relevant to this position. Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition, phobia or allergy.

Medical Condition/Phobia/Allergy:	Reasonable Adjustments Required:

<b>Emergency Contact Name:</b>	Contact Number:
Doctor's Name:	Telephone Number:

## Leisure Time

Hobbies/leisure interests

Students will be required to work one day at the weekend as well as week days, plus do regular early mornings (8am – 4.30pm), days (9am – 5.30pm) & evenings (1pm – 9pm or 2pm – 10pm) on a rota basis, would you be available? **Yes / No**

Are you interested in full or part time? *[Please note priority for places is given to full time students]*

Full Time    **or**     Part Time    **or**     Either

Do you support Hunting / shooting / falconry?

How did you hear about this student placement?  
(If internet, which website?)

Any other information you would like to give that you feel would assist in your application

Signed:

Date:

The information on this form will be stored on the St. Tiggywinkles database to be used only by Personnel, Team Leaders and Nursing staff. Please tick this box if you do not give your consent   

**Please complete this form and send to:**

**Mrs Helen Harvey,  
Tiggywinkles,  
Aston Road,  
Haddenham,  
Bucks HP17 8AF**

**Tel : 01844 292 292, Fax: 01844 292 640**

**Email: [mail@sttiggywinkles.org.uk](mailto:mail@sttiggywinkles.org.uk)**

**[www.tiggywinkles.com](http://www.tiggywinkles.com)**



*Help Us Help Them*

Office Use Only		
Date Received		Date of Initial Contact
Start Date:	Area:	
Process	Date Completed	Completed By
Informed Team Leader of Start Date		
Induction Paperwork received		
Personnel Database updated		
Finish Date		
Personnel Database updated		