



Fostering Orphaned Juvenile Mammals

Personal Details

Title: *Mr/Mrs/Miss/Ms*

Forename:

Surname:

Address:

Post code:

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

No. of children (if applicable)

Do you have a clean current driving licence?

Are you willing to come to the Hospital on a regular basis and in an emergency?

Do you have any domestic pets? If so, what and how many?

Do you work? If so, what hours?

Leisure Time

Hobbies/leisure interests

Do you support Hunting / shooting / falconry?

How did you come to hear about us?

Any information you would like to give that you feel is relevant to this voluntary position

Animal & Charity Work

Please detail any relevant experience of working with animals or charity involvement:

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:

Emergency Contact Name:

Contact Number:

Doctor's Name:

Telephone Number:

Fostering Waiver

- All juvenile mammals remain the property of Tiggywinkles.
- Tiggywinkles reserves the right to take the juveniles back to the Hospital if required at any time.
- All fostered animals must be returned to the Hospital when fully weaned.
- All Tiggywinkles systems, which have been tried and tested for many years, must be followed.
- If any animals show any medical problems, they must be returned to Tiggywinkles immediately.
- All equipment remains the property of Tiggywinkles and must be returned at the end of the fostering season, or as necessary.

I declare that the information given is correct and agree to the terms of the Fostering Waiver.

Signed:	Date:
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The information on this form will be stored on the 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 292292, Fax: 01844 292 640
 mail@sttiggywinkles.org.uk www.tiggywinkles.com

Office Use Only		
Start Date:	Area:	
Process	Date Completed	Completed By
Informed Foster Trainer of Start Date		
Personnel Database updated		
Induction Form received		
Code of Conduct received		
Finish Date		
Personnel Database updated		