



## Tiggywinkles' Student Application Form

### Animal Care Training Course

#### Student's Personal Details

Title: <i>Mr/Mrs/Miss/Ms</i>	Forename:	Surname:
Address:		
		Post code:
Home Telephone Number:		Student's Mobile Number:
Date of Birth:	National Insurance Number:	Nationality:
Student's Email Address:		

#### Education

Dates:
Secondary School:
Exam results (or predicted grades):

#### Further Education

Dates:

Where Attended:

Qualification & Results:

Surname:

Forename(s):

D.o.B.:

## Employment or Work Experience Details

Current / Last Employer: Address:  Dates:  Job Title: Duties: Days / Hours:	Previous 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 cover is up to date, which your GP should be able to advise you about. Please confirm below whether this is the case.

Date of Last Tetanus 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:
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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:
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Doctor's Name:	Telephone Number:
Practice Name:	Address:

## Emergency Contact (must be parent or guardian if under 19)

Name:	Relationship to you:
Contact Numbers:	Email Address:

## 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 – 4pm), days (9am – 5pm) & evenings (1pm – 9pm in summer or 12pm – 8pm in winter) on a rota basis, would you be available? **Yes / No**

Course applying for:  Level 1 (3 days a week – Mon, Fri & one weekend day)  
 Level 2 (4 days a week – Tue, plus two other week days & one weekend day)  
 Level 3 (5 days a week – Wed, Thu, plus two other week days & one weekend day)

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

## Data Protection Statement

The information provided on this application form will remain private and confidential and will be used for the purpose of selection.

Where the application is successful the The Wildlife Hospital Trust may wish to process this information (as updated periodically) for personnel and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Act 1998.

Please also note that The Wildlife Hospital Trust may approach third parties to verify the information that you have given. By signing this form, you will be providing us with your consent to all these uses.

Signed:

Date:

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

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

**[helen@tiggywinkles.org](mailto:helen@tiggywinkles.org)**

**Tel : 01844 292 292**

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



***Help Us Help Them***