

Orana Wildlife Trust
Application for Work Placement in conjunction with the
Unitec Certificate in Animal Management (Captive Wild Animals)

Personal:

Preferred name: _____
Surname: _____
Christian Names: _____
Are you known by any other names? _____
If so, What are they? _____
Date of Birth: _____

Your Contact Details:

Contact Address: _____

Home Phone: _____ Other: _____
Email: _____

Education:

Name of last education provider: _____
Qualifications earned:
Year: _____ Details: _____
Year: _____ Details: _____
Year: _____ Details: _____
Can you speak any other language? _____

Qualifications:

Do you have any other qualifications, certificates, etc?

Please describe the skills that you have which are relevant to the Unitec Certificate in Animal Management (Captive Wild Animals) course and work placement:

Employment History, including voluntary or work experience positions:

Present or most recent employer details:

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Supervisor, their position and contact details for reference purposes: _____

Do you consent to the Company contacting this employer for the purposes of reference checking?

Yes/No

Next most recent employer:

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Supervisor, their position and contact details for reference purposes: _____

Do you consent to the Company contacting this employer for the purposes of reference checking?
Yes/No

Next most recent employer:

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Supervisor, their position and contact details for reference purposes: _____

Do you consent to the Company contacting this employer for the purposes of reference checking?
Yes/No

Please give details of any other experience that may be relevant.

Referees:

Please give the name, relationship, address and telephone numbers of at least two referees.

These should be work related (paid or voluntary) or an education provider if you have not had any previous paid or voluntary position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I consent to Orana Wildlife Trust seeking verbal or written information on a confidential basis about me from representatives of my previous employers, referees or education providers and authorise the information sought to be released by them for the purposes of ascertaining my suitability for the work placement I am applying for. I understand that the information received by the Trust is supplied in confidence as evaluative information, and as such will not be disclosed to me.

Signed: _____

Date: ___/___/___

General:

Are you available to work 8.00 am - 5.30 pm on your work placement day? Yes/No
Have you been convicted of a criminal offence? Yes/No
Are you awaiting the hearing of charges in a civil or criminal court? Yes/No
Do you have a current full driver's license? Yes/No
Do you have any demerit points? Yes/No
What transport arrangements do you have to attend your work placement? Yes/No

Medical:

Have you had any injury or medical condition caused by gradual process, disease or infection for example hearing loss, occupational overuse syndrome that may be aggravated or further contributed to by the tasks of work placement? Yes/No

If yes, please specify: _____

Have you claimed accident compensation in the last 12 months? Yes/No

If yes, please specify: _____

State any serious injury you have suffered that may affect your ability to effectively carry out the duties of this position: _____

Do you have any other known conditions that may affect your ability to effectively carry out the duties of this position? Yes/No

If yes, please specify: _____

Vaccinations:

All work placement students will be required to have valid vaccinations for Hepatitis A, Hepatitis B and have received a Tetanus vaccination within the last 10 years, before commencing work placement. Further information will be provided when the official offer of work placement is made to successful candidates.

Declaration:

_____ (full name) declare that to the best of my knowledge the answers in this application for work placement are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am accepted, my work placement will be terminated. I also understand that the information requested within this application form is sought to establish my suitability for work placement and that if I do not provide such information then this application may be rejected.

Signed: _____

Date: ____/____/____
