**OFFICE USE ONLY:**

**Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applied:\_\_\_\_\_\_\_\_\_\_**

**Interview: \_\_\_\_\_\_\_\_**

**Start:\_\_\_\_\_\_\_ End:\_\_\_\_\_\_**

**Pref Days/Time: \_\_\_\_\_\_\_\_\_\_**

**WORK EXPERIENCE APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| **First Name:** | | **Date of Birth:** |
| **Surname:** | | **Telephone:** |
| **Address:** | | **Mobile:** |
| **Postcode:** |
| **Email Address:** | | **Gender: Male**  **Female** |
| **Details about your Work Experience:**  **Institution:**       **Year:**       **Dates:**  **Course:**       **Course Contact:**  **Does your Institution require any paperwork completed by the Farm?** Yes No  If YES, please provide details:  **What type of volunteering role are you applying for?**  Farm  Maintenance/DIY  Events  Nursery  Biodiversity  Ambassador  Stables  Administration  Finance  Education  Gardening  Fundraising  **Are you flexible to volunteer in other roles?** Yes No  **Please indicate when you are available:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | | **Morning** |  |  |  |  |  |  |  | | **Afternoon** |  |  |  |  |  |  |  |   **Please provide brief details of any previous work (paid or voluntary), relevant skills, etc.** | | |
| **Do you have a disability, health, Special Educational Needs (SEN) or any medical issues that could affect your experience as a volunteer?**  Yes No **If YES**, please state: | | |
| **Have you ever been convicted for any offence?** Yes No If YES, please give details:  **Over 16 yr old: Have you completed a DBS check?** Yes No If YES, please give reference number: | | |
| *As your voluntary work may involve helping with young people or vulnerable people, all criminal offences must be declared and are exempt from the provision of the Rehabilitation of Offenders Act ‘74* | | |
| **Emergency Contact (Located in UK):**  **Name:**  **Relationship:**  **Phone:**  **Email:** | **Reference Contact:**  **Name:**  **Relationship:**  **Phone:**  **Email:** | |
| **PARENT’S SECTION:** Name:       Phone:       Email:   * Consent is given for Mudchute Staff to administer the following to my child:   Sun cream Antiseptic wipes Plasters Paracetamol   * Can your child leave the site with or without a member of staff? With Without * Consent is given for photographs/videos of my child to be used for publicity purposes**:** Yes No   **Parent’s Signature:**       **Date:** /     / | | |
| **I confirm that the details given on this form are correct and I will notify Mudchute Park and Farm of any changes to these details in writing.**  **Candidate’s Signature:**       **Date:** /     /  *These records are confidential to Mudchute Park and Farm. You are entitled to inspect any record we keep about you. No information will be passed on to a third party without your consent.* | | |