



Work Experience Application Form

Office Use Only

Date.....

Start.....End.....

Dates Applying for

First Name	Date of Birth
Last Name	Telephone
Address	Mobile
	Postcode
Email Address	Gender

What type of Work Experience are you applying for? Please circle choice or choices.

Farm	Riding School	Maintenance	Admin	Events	Finance	Other/flexible
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What day/days would you like. Please tick relevant box and note weekends are whole days only.

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning	Closed						
Afternoon	Closed						

Please provide brief details of any previous work (paid or Voluntary), relevant skills, etc...

Do you have a disability, health, special education needs or any medical issues that could affect your experience. **No** **Yes** (If yes, please state)

Have you ever been convicted for any offence. **No** **Yes** (If yes, please give reference number)

As your voluntary work may involve helping with young and or vulnerable people, all criminal offences must be declared and are exempt from the provision of the Rehabilitation of Offenders Act 1974

Emergency Contact	Course / College / School Contact
Name	Course
Relationship	Institution Name
Phone	Contact Name
Email	Phone
	Email

I confirm that the details given on this form are correct and I will notify Deen City Farm of any changes to these details in writing. If aged under 18 a parent or guardian must sign this section.

Signature: _____ Date: / /
 Print Name _____ Relationship to applicant _____

These records are confidential to Deen City 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.