



# WORK EXPERIENCE

**OFFICE USE ONLY:**

Dept: \_\_\_\_\_  
 Mapping: \_\_\_\_\_  
 in charge: \_\_\_\_\_  
 Start: \_\_\_\_\_  
 Pref. Day/Time: \_\_\_\_\_

<b>First Name:</b>	<b>Date of Birth:</b>
<b>Surname:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Mobile:</b>
	<b>Postcode:</b>
<b>Email Address:</b>	<b>Gender: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>

**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  
 Stables  Administration  Finance/Accounting

Are you flexible to volunteer in other roles?  Yes  No

**Please indicate when you are available:**

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

\*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 1974\*

<b>Emergency Contact (Located in UK):</b>	<b>Reference Contact:</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Phone:</b> _____	<b>Phone:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____

**Parent's Signature:** \_\_\_\_\_ **Date:** / /

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I confirm that the details given on this form are correct and I will notify Deen City Farm & Riding Sch of any changes to these details in writing.**

**Candidate's Signature:** \_\_\_\_\_ **Date:** / /

These records are confidential to Deen City Farm & Riding School. You are entitled to inspect any record we keep about you. No information will be passed on to a third party without your consent.