

**E-mail:**[sarah.hall@wwt.org.uk](mailto:sarah.hall@wwt.org.uk)

**Return application to:**

Sarah Hall  
Volunteering Development Officer

# WWT application for volunteer opportunity

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| --- | --- |
| Which role/s are you applying for? | PRACTICAL RESERVE MANAGEMENT PLACEMENT /  RESERVE MANAGEMENT HQ: OFFICE & RESEARCH placement /  Please delete as appropriate. |
| How did you learn of this opportunity? |  |
| Please indicate which locations you are applying for**.**  **If applying for more than one role or location please rank in order of preference, i.e. put 1 in the box of your first choice.**  **Practical Reserve Management Placement**  Arundel Llanelli Slimbridge  (Accommodation) (Accommodation)  Castle Espie Washington Steart  (Accommodation)  Martin Mere Caerlaverock London  (Accommodation) (Accommodation)  **Reserve Management HQ: Office/Research Placement**  WWT HQ Slimbridge  (Accommodation) | |

## Personal details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | Dr/Mr/Mrs/Miss/Ms/Other |  |
| Forename |  | | | |
| Term Time Address  (If applicable) |  | | | |
|  | | | Post code |  |
| Home telephone number |  | |  |  |
| Alternative telephone number |  | |  |  |
| Email address  (please specify) |  | | | |
| Home Address |  | | | |
|  | | | Post code |  |
| University | |  | | |
| Degree | |  | | |

***Please note that all correspondence will be sent via email.***

WWT uses this information to process your application. WWT will handle your data in accordance with the requirements set out in the General Data Protection Regulation and the Data Protection Act 2018. Further information about how we use your personal data is set out in our Privacy Policy: wwt.org.uk/volunteering/privacy-policy

## Medical Conditions

These roles involve some physically demanding activities, many of which are outdoors in all weather conditions. They may also involve working with animals, tools and machinery, some of which may affect those with health conditions that are affected by things such as vibrations or loud noises.

Please give details of any medical conditions, injuries or allergies that may affect your ability to do tasks and state what support you may need.

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## Qualifications

List the qualifications you have taken and are currently studying for. Please provide details and grades (for example first year of degree results).

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| Level of qualification | Subject | Result |
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## Training courses

Detail any specific training you have received or any relevant short courses attended

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## Membership of professional organisations

Detail below membership of any technical or professional bodies or societies

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## Spare time interests and vocational activities

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**Current or last employment details**

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| Company name and address |  |
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| Position held |  |
| Duration in post (months/years) |  |
| Final or most recent salary and benefits |  |

## Outline present duties / key achievements)

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**Past employment details** (excluding your current or last employment)

If you are applying for your first post after leaving school or further education, please indicate any past holiday employment or volunteering experience

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| --- | --- | --- | --- | --- |
| Employers name | Job title / key duties | Salary | Dates from and to and duration in post (months/years) | Reason for leaving |
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**Why are you interested in applying for this role? (no more than 1 side of A4)**

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## Relevant experience (no more than 1 side of A4)

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Do you hold a full driving licence? Yes No

If yes, do you have any current endorsements? Yes No

If yes, please give details

Do you require a visa or permission to work in the UK? Yes No

If yes, do you hold a current permit? Yes No

## (You will be asked to provide evidence before as placement is confirmed)

## References

Please give the names of two referees below. One should normally be your present or most recent employer. References will not be taken up prior to interview unless you are notified otherwise.

|  |  |
| --- | --- |
| Name, email address and telephone number | Position |
| 1.  2. |  |

## University Placement Supervisor / Tutor

Please give the name of the University Lecturer who oversees the placement scheme for your degree course. Where there isn’t such a supervisor please provide the name of your tutorial lecturer or equivalent.

|  |  |
| --- | --- |
| Name, address and telephone number | Position |
| 1. |  |