



# WORK EXPERIENCE APPLICATION FORM



## SECTION D: MEDICAL & EMERGENCY INFORMATION

Do you have any known allergies? \_\_\_\_\_

If so, is the allergy controlled by you? If so, how? \_\_\_\_\_

Do you have any medical conditions that the Museum needs to know in case of an emergency?

\_\_\_\_\_

I confirm that I do not have any RSI, back or other health problems that could be exacerbated by prepping dinosaur bones and will notify the WHS Officer immediately if any such problems develop.

## EMERGENCY CONTACT (This person must not be a participant)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Signed by Volunteer Work Experience Student

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Signed by Parent/Guardian (if student is under the age of 16)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office use only:

- Application received
- Agreement received
- School acceptance received
- Interview is completed and Student is 'eligible /not eligible' for work experience