



APPLICATION FORM

For practical training in the health care of wildlife for
Undergraduates, Student Veterinary Nurses and Veterinarians

Full Name:	Male/Female	Date:
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Postal Address:

E-mail address:

Phone: (Day)	(A/hrs)	Mobile:
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Teaching institution at which you are based:

Name of Tutor	Tutor's Contact number:
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If accepted, please give two dates that would suit you. (Note: Placements are for 1 - 4 weeks from Monday – Friday inclusive).

- 1.
- 2.

Employment History			
Employer	Years employed	Position	Reason for leaving
1.			
2.			
3.			

Education History		
University/Polytech	Course	Year Completed

PTO

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Please give 2 Referees

Name

Phone Number (s)

1.

2.

Please give a brief history of your animal related experiences and state why you would benefit from involvement in this programme. *If you have previously spent time at our NZCCM please include details and dates.*

Are you required to complete a project during this period?
(If yes – please outline briefly)

Yes

No

Please sign:

I certify that the information contained in the application is correct to the best of my knowledge.

I authorise follow-up of all matters and referees contained in this application

Signed: _____

Date: _____

*Please mail this form to:

NZCCM
Auckland Zoo
Private Bag
Grey Lynn
Auckland
New Zealand

Attention: Dr. John Potter, Senior Veterinarian Clinical Services

Or e-mail to john.potter@aucklandcity.govt.nz