VOLUNTARY INTERNSHIP PROGRAMME

APPLICATION FORM

Royal Horticultural Society

Sharing the best in Gardening

On completion, this form should be returned to **The Curatorial Administrator, RHS Garden Wisley, Woking, Surrey, GU23 6QB, UK**. (Email: stephencolfer@rhs.org.uk)

1. PERSONAL DETAILS:

Surname _____ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

First Names _____ Nationality _____

Current Address _____

_____

Post Code _____ e-mail address_____

Telephone: Home _____ Mobile _____

If you are **NOT** a British subject please give:

Country of birth _____ *your passport number* _____

Country of issue _____ *expiry date* _____

Please note if you are not an EU Citizen you will require an appropriate visa to enter the UK and undertaken an internship with the RHS.

Please indicate your written & spoken ability in English: Fluent ☐ Basic ☐ Elementary ☐

If you have an IELTS or TOEFL certificate or similar please indicate the score/grade here:

2. COLLEGE DETAILS

Name of Course Tutor, University/college name	Dates		Type of Course	Subjects	Anticipated qualification or class of degree
	From	To			

3. Please indicate how you heard about this scheme: _____

4. PERIOD APPLIED FOR From _____ To _____

Will you require accommodation during the placement period? Yes ☐ No ☐
Please note, if accommodation is available it is charged at £40 per week plus £40 refundable deposit.

5. GARDEN AREAS OF PARTICULAR INTEREST

Please note that due to the short duration of our internships it is usual for placements to be undertaken in just one garden department.

Woodland Plants	☐	Rock / Alpine Garden	☐	Herbaceous	☐
Glass.	☐	Formal Ornamental	☐	Fruit	☐
Trials	☐	Other (please specify)_____			☐

6. MEDICAL HISTORY

Do you have a medical condition of which you feel the RHS should be made aware that could affect your ability to carry out practical duties? Yes ☐ No ☐
If yes, please give details on a separate piece of paper.

Is your immunisation against tetanus up-to-date? Yes ☐ No ☐

If no, you are strongly advised to seek medical advice and ensure you are adequately protected.

7. PERSONAL REFEREES - the two people named below have agreed to supply a reference for me, on request from you. (*One **must** be from a current college or school and the other should be a character reference who must have known you for at least 3 years, but not a relative*)

References will be applied for.

Name _____ Name_____

Address _____ Address _____

_____ _____

_____ _____

Email:_____ Email: _____

Occupation _____ Occupation _____

Tel. No. _____ Tel. No._____

8. DECLARATION: I confirm that the information given on this form is, to the best of my knowledge and belief, true and accurate.

Signature _____ Date _____

9. FOR OFFICE USE ONLY

Date received _____ Ack._____ References applied for _____

References received (1) _____

Circ. Curator ☐ Super ☐ (2) _____