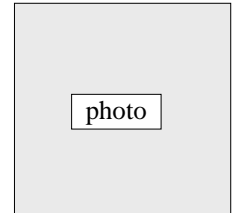


VOLUNTARY INTERNSHIP PROGRAMME

APPLICATION FORM



Please attach a passport sized photograph of yourself in the space indicated.
On completion, this form should be returned to **The Curatorial Administrator,**
RHS Garden Wisley, Woking, Surrey, GU23 6QB, UK.



1. PERSONAL DETAILS:

Surname _____ Mr Mrs Miss Ms Other _____

First Names _____ Nationality _____

Current Address _____

Post Code _____ e-mail address _____

Telephone: Home _____ Mobile _____ Date of Birth _____

Do you have a full current driving licence? Yes No

Are there any disabilities or illnesses which may affect your attendance or performance at work? Yes No
(If yes, please give details in a separate account marked 'Confidential')

How many days have you had off work/college due to sickness in the last 12 months? _____ (days)

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

Country of birth _____ *your passport number* _____

Country of issue _____ *expiry date* _____

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 _____

5. GARDEN AREAS OF PARTICULAR INTEREST

Please consult the attached list for descriptions of the Garden departments and indicate below your preferred area of interest to you. (Please note that due to the short duration of our internships it is usual for placements to be undertaken in just one garden department).

Battleston Hill	<input type="checkbox"/>	Wild Garden/Seven Acres	<input type="checkbox"/>	Rock Garden	<input type="checkbox"/>
Glass Dept.	<input type="checkbox"/>	Weather Hill/mixed floral	<input type="checkbox"/>	Fruit Dept.	<input type="checkbox"/>
Trials Field	<input type="checkbox"/>	Other (please specify) _____			<input type="checkbox"/>

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 _____
Photograph received References received (1) _____
Circ. Curator Super (2) _____