



## Animal Professional Experience Programme Application form

| CONTACT INFORMATION  |                      |  |           |                      |                     |                |       |  |
|--|----------------------|--|-----------|----------------------|---------------------|----------------|-------|--|
| Full name:   |                      |  |           |                      |                     | Title:         |       |  |
| Name of facility you are currently working for:  |                      |  |           |                      |                     |                |       |  |
| Position:  |                      |  |           |                      |                     |                |       |  |
| Name of the previous facility you worked for:  |                      |  |           |                      |                     |                |       |  |
| Position:  |                      |  |           |                      |                     |                |       |  |
| Email:   |                      |  |           |                      |                     |                |       |  |
| Skype ID:  |                      |  |           |                      |                     |                |       |  |
| GENERAL INFORMATION  |                      |  |           |                      |                     |                |       |  |
| Date of Birth (dd/mm/yyyy):  |                      |  |           | Gender:              |                     |                |       |  |
| Which languages do you speak:  |                      |  |           |                      |                     |                |       |  |
| Do you have any physical restrictions or limitations?<br><i>(We need to know so that we may accommodate you)</i> |                      |  |           | Yes                  |                     |                | No    |  |
| Do you have any medical condition/s we should be aware of?   |                      |  |           | Yes                  |                     |                | No    |  |
| Do you have any allergies?   |                      |  |           | Yes                  |                     |                | No    |  |
| Do you have a criminal record?   |                      |  |           | Yes                  |                     |                | No    |  |
| If yes to any above questions, please elaborate:   |                      |  |           |                      |                     |                |       |  |
|  |                      |  |           |                      |                     |                |       |  |
| Emergency contact:   |                      |  |           | Telephone number:    |                     |                |       |  |
| EXPERIENCE INFORMATION   |                      |  |           |                      |                     |                |       |  |
| How many years of experience do you have as an animal professional?  |                      |  |           |                      |                     |                |       |  |
| Please list the type of animals you work with on a full-time basis:  |                      |  |           |                      |                     |                |       |  |
| Animals:   | Years of experience: | Type of work <i>(please tick appropriate boxes):</i> |           |                      |                     |                |       |  |
|  |                      | Cleaning of enclosures                               | Food prep | Handle (restraining) | Feed (force/assist) | Hydrate (tube) | Other |  |
|  |                      |  |           |                      |                     |                |       |  |
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| PROGRAMME PARTICIPATION INFORMATION  |                      |  |           |                      |                     |                |       |  |
| How many weeks would you like to spend at SANCCOB?   |                      |  |           |                      |                     |                |       |  |
| When would you like to start?  |                      |  |           |                      |                     |                |       |  |
| Where did you find out about SANCCOB and the Animal Professional Experience Programme:                           |                      |  |           |                      |                     |                |       |  |
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**INDEMNITY FORM FOLLOWS ON THE NEXT PAGE- PLEASE COMPLETE**



**SANCCOB NPC (“SANCCOB”)**

**INDEMNITY FORM**

1. I, \_\_\_\_\_, the undersigned in my personal capacity as a major adult over the age of 18 years (“Indemnity Grantor”); hereby acknowledge, agree and undertake in favour of SANCCOB, its directors, employees, representatives and agents, including the landowners who grant access to their property and all their respective representatives and agents (“**the Indemnified Persons**”) that:
  - 1.1 the Indemnity Grantor is fully aware that the duties of a SANCCOB volunteer may involve hazardous activities and the Indemnity Grantor fully accepts all the risks associated therewith;
  - 1.2 the Indemnity Grantor hereby indemnifies and holds harmless the Indemnified Persons against any claims occasioned as a result of my volunteering activities for SANCCOB, of whatsoever nature or howsoever caused, including, without limitation, any loss, including any loss or damage to clothing or property, injury, personal injury or loss of life, harm, illness, death or damage, including any other third party, of whatsoever nature and howsoever caused, including arising directly or indirectly out of any act or omission, including negligent acts or negligent omissions by the Indemnified Persons, including gross negligent acts or omissions by the Indemnified Persons and including any claim for consequential loss or damage, loss of profits or any claim by any of my dependants for loss of support, maintenance or other claims or damages, arising from my volunteering activities for SANCCOB.
2. The Indemnified Persons do not accept any responsibility for any claim whatsoever arising from death, injury, illness or loss and/or damage to person or property occasioned as a result of or arising from my volunteering activities for SANCCOB.
3. Each clause of this deed of indemnity is independent and severable from all other clauses.
4. The acknowledgements, agreements and undertakings in this indemnity shall be deemed to be made in favour of the directors, employees, representatives and agents of SANCCOB, capable of acceptance at any time.
5. This indemnity shall in all respects be governed by the laws of the Republic of South Africa, and all disputes, actions and other matters arising in connection therewith shall be determined in accordance with such laws.
6. I confirm that I have read and understand the importance and meaning of this liability disclaimer and indemnity.

Signed on (day/month/year) \_\_\_\_\_

**PARTICIPANT**

**WITNESS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (print)