



## Veterinary Experience Programme Application form

### CONTACT INFORMATION

Full name:		Title:	
Postal Address:			
Email:			

### GENERAL INFORMATION

Date of Birth (dd/mm/yyyy):		Age (18 years & older):	
Gender:		Occupation:	
Which languages do you speak:			
Do you have any physical restrictions or limitations? <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:	
Medical Aid:	Yes	No	If yes, please provide a copy of your medical aid card which can be used in the event of an emergency.
Which hospital may you be taken to in the event of an emergency?			

### PROGRAMME INFORMATION

Duration of programme interested in:	1 week		2 week	
When would you like to start?				
Did you apply for any other SANCCOB programmes?	Yes		No	
If yes, please list other programmes:				
What is your motivation for participating in the programme?				

Where did you find out about SANCCOB?

### REFERENCE (Personal or professional)

Name:		Relation:	
Contact details:			

**Please tick all the boxes below to indicate that you agree with the following:**

- I agree to have an up to date Tetanus vaccination
- I agree to honour the SANCCOB work schedule
- I agree to complete the programme period that I am committing to
- I understand I will be working in all weather conditions, frequently outside
- I understand that the work I do for SANCCOB as a volunteer remains the intellectual property of the organisation.
- I have completed the indemnity form on the reverse side of this form.
- I agree to be added to the SANCCOB mailing list as a form for SANCCOB to stay in touch

Applicant's Signature: \_\_\_\_\_ Signed (day/month/year) \_\_\_\_\_

Witness Name and Signature: \_\_\_\_\_

**Please note:** The Protection of Personal Information (POPI) Act is South Africa's data privacy law and is designed to protect how your personal information is collected and managed overall. Your personal information is being processed in line with the reason for which you provided it. [You will find our POPI and Privacy Policy online here.](#)

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+27 (021) 557 6155 • Fax: +27 (021) 557 8804 • Email: [volunteers@sanccob.co.za](mailto:volunteers@sanccob.co.za)



**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/intern 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/internship 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/internship 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/internship 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**

**SANCCOB**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

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