**Please complete this digital form and send it by email attachment to** **intern@sealrescueireland.org** **along with a copy of your CV or resume and a cover letter explaining why you are interested in our program. Please also attach any written letters of recommendation you have from references.**

|  |  |
| --- | --- |
| **Position Applied for**  |  |

**Section 1 - Contact details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Nationality |  |
| Full Address including Country |  |
| Email address |  |
| Phone number |  |

**Section 2 - Education and Employment**

|  |  |
| --- | --- |
| Education |  |
| Summarize Employment and prior experience |  |
| Current Occupation |  |

**Section 3 - You as an applicant**

|  |  |
| --- | --- |
| Hobbies and Interests |  |
| Valuable Skills |  |
| Availability (start and end dates) |  |
| How did you hear about us? |  |
| Do you have a criminal record? (if yes, please provide specifics) |  |

**Section 4 – Language Skills**

In order to work safely at Seal Rescue Ireland, we require applicants to be fluent in the English language.

|  |  |
| --- | --- |
| **English Fluency - a minimum of B2 is required.**Beginner (A1/A2) - Intermediate (B1) - Advanced (B2)- Fluent (C1/C2) – Native |  |
| Other Languages (indicate level) |  |

**Section 5** **- Driving Skills**

|  |  |
| --- | --- |
| Do you have a full, clean Driver’s License? |  |
| Do you intend to bring your own vehicle? |  |

**Section 6 - Medical Information**

|  |  |
| --- | --- |
| List any long-term medical conditions and medications.  |  |
| List any medication allergies - specifically antibiotics Tetracycline and Doxycycline?  |  |
| List any other allergies - e.g. nuts, cats etc... |  |
| Are you physically Fit and able to lift 25kg? |  |
| List any dietary restrictions. |  |
| State your Covid-19 vaccination status.  |  |

**Section 7** **– Professional References**

Reference Number 1

|  |  |
| --- | --- |
| Name |  |
| Relationship  |  |
| Email Address  |  |
| Phone number |  |

Reference Number 2

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Email Address  |  |
| Phone number |  |

|  |  |
| --- | --- |
| Date of Application |  |