



WILDLIFE WONDERS

THE WILD SIDE OF THE GREAT OCEAN ROAD

Work Experience Application Form

Name: _____

Year Level/Age: _____

School: _____

Supervising Teacher: _____

Select which week you would like to complete your work experience with Wildlife Wonders

MONDAY 23 JUNE - FRIDAY 27 JUNE

OTHER: *please request in application email*

In 200 words or less, please outline the reasons why you would like to complete your work experience with Wildlife Wonders.

What do you hope to get out of your work experience with Wildlife Wonders?

Which aspects of the organisation interest you most? (ie, hospitality work, community engagement, marketing and media, tour guiding, animal husbandry)?

If you could be any animal, what would it be and why?

Please email completed form through to delaney@wildlifewonders.org.au