



Mind in Croydon

Plot 26 - Horticulture Experience

Trainee Application

Surname:

First Name:

Address:

Telephone No:

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Mobile No:

Postcode:

What do you hope to achieve and how will attending the allotment benefit you?

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Do you have any previous experience or a general interest in gardening?

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How is your general health and do you have any special requirements?

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We ask for a minimum of two hours per week, are you willing to take on a regular commitment? Yes No

Please indicate the times you are able to work by ticking the relevant box:

Monday	Tuesday	Wednesday	Thursday	Friday
Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>	Am <input type="checkbox"/>
Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>	Pm <input type="checkbox"/>

Is there anything else you would like us to be aware of e.g. back complaints etc?

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Signed: (Applicant) Print: Date:.....

Signed: (Referrer) Print: Date:.....

Thank you for your application