



# LASALLIAN DEVELOPING WORLD PROJECTS

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Please attach here  
**three** passport  
photographs

## APPLICATION FORM.

Please complete the form in **BLOCK CAPITALS**. Use names as on passport.

**SURNAME** ..... **Christian Names** .....

**PERMANENT ADDRESS** .....

.....

**Post Code** ..... **Tel. No.** .....

**TEMPORARY ADDRESS** .....

.....**Email** .....

**Post Code** ..... **Tel/Mobile No** .....

DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY

<b>PASSPORT No.</b>	<b>DATE OF ISSUE</b>
<b>PLACE OF ISSUE</b>	<b>DATE OF EXPIRY</b>

**EMERGENCY CONTACT PERSON** (usually family) + **address, phone no.**

.....  
.....

**LIST ANY PRACTICAL SKILLS WHICH YOU HAVE.** (See notes for volunteers.)

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**HOBBIES, INTERESTS, PASTIMES.**

.....  
.....  
.....  
.....

**SECONDARY EDUCATION.**

FROM	DATES	TO	NAME AND ADDRESS OF INSTITUTION	EXAMINATION PASSES (Grades)

**FURTHER EDUCATION or TRAINING.**

FROM	DATES	TO	NAME AND ADDRESS OF INSTITUTION	EXAMINATION PASSES (Grades)

**EXAMINATIONS PENDING**

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**What are your main reasons for wanting to join the Lasallian Developing World Projects?**  
*Use a separate sheet if required.*

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# HEALTH.

Working in a tropical/subtropical climate, particularly when it involves unaccustomed physical exertion, may exacerbate medical problems. Are there any medical conditions/disabilities which could limit the type of work or country that you might be involved with? Previous medical problems will not necessarily prevent you from taking part in a project. It is important that you complete the following to the best of your knowledge – any information given will remain confidential.

**Have you ever suffered or are you suffering from any of the following?:**

	Yes	No
Heart disease, Angina, High Blood Pressure, Circulation Disorders		
Hay fever or Asthma		
Frequent Sore Throats/ Sinusitis		
TB (tuberculosis)/ Haemoptysis		
Chronic Lung Conditions		
Ear Infections/ Deafness		
Epilepsy, Fits or Blackouts		
Migraine or Severe Headache		
Eye Conditions/ Visual Defects – not corrected by lenses		
Blood Disorders e.g. Anaemia, Sickle Cell, Thalassaemia		
Gynaecological Problems		
Dysentery/ Typhoid fever		
Severe Indigestion/ Peptic Ulcers		
Severe Neck/ Back Pain, Slipped Disc, Severe Arthritis, Bending or Lifting Problems		

	Yes	No
Depression/ Anxiety, Mental Health Problems		
Diabetes		
Eating Disorders (Anorexia/Bulimia)		
Counselling/ Psychotherapy		
Substance Misuse		
Kidney/ Urinary Problems		
Hernia/ Varicose Veins		
Unplanned Weight Loss		
Splenectomy/ Immunity Problems or Long-term Steroid Treatment		
Foot/ Knee Problems		
Eczema/ Skin Problems		
Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE) or Anticoagulant Treatment		
Operations		
Disabilities		
Allergies to any Medications e.g. Penicillins		

	Yes	No
<b>Are you a smoker?</b>		
<b>Do you drink alcohol?</b>		
<b>Do you take any regular medications?</b>		
<b>Do you have any other health problems?</b>		
<b>Have any members of your family suffered from: TB; Diabetes; DVT; Mental Health Problems/Depression; Heart Disease; Other Serious Illness?</b>		

If 'Yes' – how many per day?	
If 'Yes' – how many units per week?	

If you have answered **YES** to any of the above, please give details:

Have you had immunisation for:	Yes - date	No
BCG (TB – tuberculosis)		
Tetanus		
Polio		
Diphtheria		
Rubella		

	Yes - date	No
Measles/ MMR		
Typhoid		
Yellow Fever		
Hepatitis A (Havrix)		
Japanese Encephalitis		

## ADDITIONAL INFORMATION.

If you have a significant health problem we may need to check with your family doctor. If you are in agreement that we approach him/her (we would notify you), would you please complete and sign the following:

**My family doctor is:** .....

**Address:** .....

I give permission for Lasallian Developing World Projects to consult my Doctor about my health records where necessary. *Signed* ..... *Date* .....

### REFERENCES.

Please enclose, or have sent, 2 references from people who have known you for at least 2 years. E.g. School, Parish, Job, (Not just relatives or friends).

Have you ever been convicted of a criminal or civil offence? If so please specify.

### TYPE OF WORK IN WHICH YOU FEEL YOU COULD MAKE A CONTRIBUTION

WORK EXPERIENCE: NAME OF EMPLOYER	FROM Month Year	TO Month Year	DESCRIPTION OF POST HELD, responsibilities & equipment used.

If there are any further comments you wish to make, please do so on a separate sheet.

Is your application for a Summer Project  or a longer commitment?

**Signature** ..... **Date** .....