



Application form for our internship

form of address

last name

first name

street / no.

postal code / place of residence

country

date of birth

place of birth

nationality

phone / mobile

e-mail

diseases / allergies / handicap

Emergency contact

first / last name

phone / mobile

e-mail



english language skills

start of internship

end of internship

other information

Insurance

We recommend a travel insurance and a international health insurance.

Vaccination

Vaccinations are not obligatory.

We recommend tetanus, hepatitis and rabies vaccination urgently.

The allowance for a four-week internship amounts to € 889,00.

Renewals of the internship are possible if we still have vacancies.

To confirm your booking please transfer a 25% down payment to

Dog Care Clinic e.V.

Kronenstr. 34

78054 VS-Schwenningen

Germany

Account information for international transfers:

Swiftcode/ BIC SOLADES1VSS

IBAN DE 6769 4500 6501 5096 9221

Please transfer the remaining amount and the deposit of €250.00 at least two weeks prior to departure.

I hereby give my consent, that the Dog Care Clinic e.V. is allowed to use and store my personal data for the handling of the internship.

I have read and understood the „Guidline for volunteers“ and agree with the conditions of the internship.

My booking is binding and the down-payment of 25% is non-refundable in case of cancellation.

place, date

signature for binding registration