



**Ontario SPCA Animal Welfare Knowledge Enrichment Program  
Application Form – September 6, 2013**

Applicant Name: \_\_\_\_\_

Current Position: \_\_\_\_\_

Home Organization and Length of

Employment: \_\_\_\_\_

Provide details of the learning you wish to gain from this exchange. Please be specific and use additional sheets if required.

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature Home Organization

Date: \_\_\_\_\_  
Signed

Date: \_\_\_\_\_  
Signed

Please forward completed application forms by September 6, 2013 to: Ontario SPCA, Debbie Schepens, [dschepens@ospca.on.ca](mailto:dschepens@ospca.on.ca), Fax: 905-853-8643 or mail to Debbie Schepens at Ontario SPCA, 16586 Woodbine Avenue, RR3, Newmarket, ON, L3Y 4W1.