

WORK EXPERIENCE APPLICATION FORM



SECTION A: YOUR DETAILS

Surname: _____ Given Names: _____
Street: _____ Town/City: _____
State: _____ Postcode: _____ DOB: _____
Home Phone: _____ Mobile: _____
Email: _____

SECTION B: EDUCATION INSTITUTE DETAILS

Name of Education Institute: _____
Contact Person: _____ Position: _____
Street: _____ Town/City: _____
State: _____ Postcode: _____ Phone: _____ Fax: _____
Mobile: _____ Email: _____

SECTION C: INTERNSHIP INFORMATION

In this section, explain what you want to focus on whilst completing your internship with Australian Age of Dinosaurs Museum:

✓ *please indicate the number of hours you are required to complete for your internship*

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SECTION D: MEDICAL & EMERGENCY INFORMATION

Do you have any known allergies? _____

If so, is the allergy controlled by you? If so, how? _____

Do you have any medical conditions that the Museum needs to know in case of an emergency?

- I confirm that I do not have any RSI, back or other health problems that could be exacerbated by prepping dinosaur bones and will notify the WHS Officer immediately if any such problems develop.

EMERGENCY CONTACT (This person must not be a participant)

Full Name: _____ Relationship: _____ Phone number: _____

Signed by Volunteer Work Experience Student

Signed: _____ Date: _____

Signed by Parent/Guardian (if student is under the age of 16)

Signed: _____ Date: _____

Office use only:

- Application received
- Agreement received
- School acceptance received
- Interview is completed and Student is 'eligible /not eligible' for work experience