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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Work Experience Application Form v1.1
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