



# TRAINEESHIP APPLICATION FORM

<b>PERSONAL DETAILS</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Name	
	Postal Address		
	Email Address		
	Contact Telephone Number	Private Business Mobile Phone	Are you an Australian Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ACADEMIC QUALIFICATION:</b>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>
	<b>TERTIARY:</b>		
	<u>INSTITUTION</u>	<u>QUALIFICATION</u>	<u>YEAR COMPLETED</u>

<b>SUMMARY OF WORK HISTOR</b>	<u>POSITION</u>	<u>EMPLOYER</u>	<u>DURATION</u>

<b>EMPLOYMENT REFEREES</b>	Referees must be employment related, not character or personal referees. It is preferred that one be your current Supervisor or Manager.			
	1	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname (Family Name)	Other Names
		Position Title	Organisation	Contact Telephone Number (daytime)
		Working Relationship (ie Supervisor/Director)		Mobile Phone
	2	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	Surname (Family Name)	Other Names
		Position Title	Organisation	Contact Telephone Number (daytime)
		Working Relationship (ie Supervisor/Director)		Mobile Phone

