



DSRD Work Experience Application

Personal Details	
Surname/Family name:	Given name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a permanent Resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:	
Home Phone:	Mobile Phone:
E-mail address:	
Educational Qualifications	
Highest Qualification to Date (e.g. School Certificate, Higher School Certificate, TAFE Diploma, University Degree):	
Current Course of Study (e.g. School Certificate, Higher School Certificate TAFE Diploma, University Degree):	
Name of School/TAFE/University:	
Subjects:	
Additional Skills (computer literacy, other courses attended and skill level)	
1.	
2.	
3.	
4.	
Extra Curricular Activities (community activities, sports and interests)	
1.	
2.	
3.	
4.	

Employment History

1. Position:	From __ / __ / __ to __ / __ / __
Employer:	Hours per week:
2. Position:	From __ / __ / __ to __ / __ / __
Employer:	Hours per week:

Reference (Please include at least one reference who can comment on your academic ability)

1. Name:	Contact number during business hours:
Position:	Relationship:
2. Name:	Contact number during business hours:
Position:	Relationship:

Work Experience Placement Details

Is the work experience to be undertaken as part of an approved Work Experience Program offered through your school/TAFE/University: Yes / No (Please circle)

Length of Work Experience Placement: From __ / __ / __ to __ / __ / __

Fulltime / Part Time Placement (Please circle)

If Part time, please indicate hours per week required:

Type of skills and experience you wish to develop whilst undertaking work experience:

Are there any particular areas within DSRD in which you wish to undertake work experience:

Signature/date

Please complete this application form, attach a copy of your Curriculum Vitae and forward to:

Project Officer, HR
Department of State and Regional Development
GPO Box 5477
Sydney NSW 2001
Tel: (02) 9338 6896 Fax: (02) 9338 6870
Email: WorkExperience@business.nsw.gov.au