

SUMMER CLERKSHIP SCHEME & GRADUATE EMPLOYMENT PROGRAM APPLICATION FORM

Submit this form plus a copy of your academic record, HSC results and UAI or equivalent stapled together. Other documentation should be taken to the interview. Please note that you are not required to write a covering letter. Please type or complete clearly in BLACK INK, remembering to include your name at the top of each page.

APPLICATION SUBMITTED ELECTRONICALLY

Application for Summer Clerkship
(Please tick one)

Application for Graduate Employment

Title: _____ Surname: _____ First Name: _____

University: _____ Firm: _____

PERSONAL DETAILS

Semester Address: _____

Telephone (day): _____ Telephone (night): _____

Home Address:
(If different from above) _____

Telephone (day:) _____ Telephone (night): _____

Mobile: _____ Email: _____

Are you a permanent resident of Australia? Yes No (please tick)

Are you available for the full Summer

Clerkship period? (late Nov. to mid Feb) Yes No (please tick)

If not, please indicate when you would be available: _____

Expected date of degree completion: _____

Name: _____

EDUCATION

Secondary School: _____

Suburb/Location: _____

HSC Result (UAI or equivalent):
(Please attach a copy of your HSC results and UAI or equivalent) _____ **Year Completed:** _____

Tertiary Institution: _____

Degree: _____

Years at University
(Please attach a copy of your Academic Record) **From:** _____ **To:** _____

How many full time semesters do you need to complete before graduating? _____

UNIVERSITY ACTIVIES & ACHIEVEMENTS

(eg. sporting, clubs, faculty activities, prizes etc)

OTHER INTERESTS, ACTIVITIES AND ACHIEVEMENTS

(eg. sporting, clubs, faculty activities, prizes etc)

Name: _____

OTHER RELEVANT SKILLS

(eg. foreign languages, computing and other work related skills)

ADDITIONAL INFORMATION

(Elaborate on the factual material already presented and show how this experience, educational, extra-curricular and work is relevant to the position, organisation and/or field of work for which you are applying.)

REFEREES

(If you wish give the names of up to three referees. Provide referee's name, position, address, telephone and fax number. Some firms are happy to receive copies of written references. Please check your list of firms)

Signature: _____

Date: _____