



Magill College Pty Ltd Trading as Magill College Sydney

ABN: 67 090 050 990

CRICOS Provider Code: 01994M RTO No: 91367

Tel: (+61 2) 8061 6980 www.magill.edu.au

INTERNSHIP APPLICATION FORM

APPLICANT DETAILS

SURNAME		STUDENT NUMBER (IF MAGILL STUDENT)	
GIVEN-NAME		RESIDENTIAL ADDRESS IN AUSTRALIA	
DATE OF BIRTH			
MOBILE NUMBER		CURRENT VISA STATUS	
EMAIL ADDRESS			

EDUCATION AND PAST WORK EXPERIENCE DETAILS

	NAME OF SCHOOL	YEAR (FROM~ TO ~)
HIGHSCHOOL		
TERTIARY EDUCATION 1		
TERTIARY EDUCATION 2		
TERTIARY EDUCATION 3		
	JOB TITLE	YEAR (FROM~ TO ~)
WORK EXPERIENCE IN OVERSEAS 1		
WORK EXPERIENCE IN OVERSEAS 2		
WORK EXPERIENCE IN AUSTRALIA 1		
WORK EXPERIENCE IN AUSTRALIA 2		

PLEASE PROVIDE FOLLOWING DOCUMENTS WITH THIS APPLICATION FORM.

1. 1 FORM OF PHOTO ID (PASSPORT OR AUSTRALIAN DRIVER LICENCE)
2. ORIGINAL EDUCATION QUALIFICATIONS
3. RESUME OR CV
4. OTHER LICENCES OR QUALIFICATIONS IF YOU HAVE ANY

APPLICANT DECLARATION:

I declare that above details are correct to the best of my knowledge. I understand that I should strictly observe the rules and regulations of Magill College Pty Ltd. I hereby agree to waive any responsibility on the part of Magill College Pty Ltd in relation to any loss, damage, death, injury or accident that may happen to me during the internship training. I agree to the use of my image, testimony and details of my training on promotional materials and website and social media.

Full Name _____

Signature _____

Date signed: _____

OFFICE USE ONLY	INTERNSHIP APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/>		
SUPERVISOR ASSIGNED		SUPERVISOR SIGNATURE	
AUTHORISING OFFICER		TITLE	ADMINISTRATION MANAGER
SIGNATURE		DATE APPROVED	
MEMO		DATE AND TIME ASSIGNED: DATE: HOURS: FROM _____ TO _____	