

Work Experience Application Form

Details of Student

Preferred Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other (please specify): _____	
First Name						
Last Name						
Email Address						
Mobile Number				Home Number		

Details of School/College & School Contact

Name of School or College						
School Address						
School Suburb				State		
Post Code				Contact Name		
Contact Number				Position Title		
Preferred dates of placement (please list up to two options):	Option 1 (dates) :					
	Option 2 (dates) :					

Application Details

Please indicate the relevant category regarding your current educational status:	<input type="checkbox"/> Enrolled in Year 11		<input type="checkbox"/> Enrolled in Year 12	
	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Are you currently involved in your school's technical crew, or similar?	If Yes, what is your role & responsibilities? _____ _____			
Do you own a pair of steel capped boots? <i>This is a Work Health and Safety requirement for working on stage.</i>	<input type="checkbox"/> YES		<input type="checkbox"/> NO <i>If not, options will be discussed should you be short listed for an interview</i>	
Areas of Interest (please outline)				
Why do you want to come to QPAC? <i>Include relevant experience, school results and anything else you want us to know.</i> (Attach one additional page if necessary)				

Submit Application Form

Please send your completed application form to:	
Date:	
Email Address:	hr@qpac.com.au
Subject Line:	Work Experience Application Form

Please note: For consideration for QPAC's Work Experience program, applications must be received six (6) weeks prior to preferred dates.