

APPLICATION FOR WORK EXPERIENCE

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Date of Birth: _____

NEXT OF KIN CONTACT DETAILS:

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Mobile: _____

If completing work experience as part of your study, please provide the contact details of your course supervisor.

Name: _____ Position: _____

Contact Number: _____

Email: _____

Place of Study: _____

What are you studying? _____

Where are you studying? _____

When do you expect to finish your studying? _____

Do you live in the Newcastle Area? _____

If NO, would you consider moving to the Newcastle area? _____

Preferred date of commencement: _____

Total Hours Required: _____

Preferred hours per week: _____

Preferred days and/or times: _____



What are your long term goals after completing your study?

Why did you choose MNHC to do your work experience at?

Are you a current client or have previously been a client of MNHC?

Printed name of Applicant

Signature of Applicant

Date of Signature

Please email your application to info@mullenhealth.com.au

