

SCIPS Application
Australian School-Based Traineeship/Apprenticeship

SCIPS USE ONLY

Application No:
Date:
Received:

Please complete all details and attach a current **Resume & Cover Letter**. Return both to your School Coordinator, or the SCIPS Coordinator.

Surname: **First Name/s:**.....
Gender: **Date of Birth:**
Address: **Post Code:**
Home Phone No: **Mobile No:**
Email:
School: **2010 Year level:**

Give brief details of any previous paid or unpaid work experience:

Employer Details	When e.g. June 2006	How long e.g. Months / Years	Type of Work

In which Industry do you wish to work? :
(Please indicate position reference number if applicable)

Describe why you wish to do this School-based Traineeship / Apprenticeship:
 Include why this Industry appeals to you; why you feel you are well suited to this type of work; what can you bring to the job.

.....

Student Signature: **Date:**

Parent / Guardian's authorisation.

If you are under eighteen (18) years of age your parent or guardian is required to complete this section:

Name:
Address:
Home Phone No: **Work Phone No:** **Mobile No:**

Signature:..... **Date:**