

Work Experience Application Form

STUDENT DETAILS

Name: _____

Contact number: _____ Email: _____

Next of kin: _____ Relationship: _____

Phone: _____

School: _____ School year: _____

WORK EXPERIENCE DETAILS

Preferred Program (please circle):

The work experience program runs for one-week (Mon-Fri) subject to availability.

Business Administration

Grounds and Maintenance

Preferred dates: _____

QUESTIONNAIRE

Why do you wish to undertake your work experience at the Sydney Cricket and Sports Ground Trust?

What do you know about the Sydney Cricket and Sports Ground Trust? i.e. the venue, events and overall function of the Trust

What do you hope to gain from your work experience at the Trust?

What are you considering to be your options for career paths, or your future aspirations?

What are your favourite;

- Hobbies and interests
- Subjects at school

Please note:

Students will be notified whether they are successful or unsuccessful.

Only the students who have submitted a completed work experience application form and have responded to the questionnaire will be considered. No other written information (other than insurance cover) is required and will not be considered as part of the application.

Availability is limited. Receipt of application does not guarantee selection. Each application will be considered on the basis of availability of the program and suitability of the applicants to the programs available.

ACKNOWLEDGEMENT

It is the responsibility of the work experience student to ensure that they adhere to all reasonable requests for work by Trust staff. If a student behaves in such a way that contradicts Trust Policies after they have been warned, their work experience program will be terminated effective immediately.

Name: _____

Signature: _____ Date: _____

Please email your application to:

hradmin@scgt.nsw.gov.au