



P. O. Box 224 Kingsford NSW 2032 P: 612 9662 6812 F: 612 9313 7551 E: yarraton@gmail.com

### 1. Contact Details

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year level (with attached school report): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Medical conditions that may affect your ability to engage in practical training:

\_\_\_\_\_

### 2. Personal profile: family background and interests

\_\_\_\_\_

\_\_\_\_\_

Hobbies/Interests

\_\_\_\_\_

Goals and achievements

\_\_\_\_\_

3. Please provide information on any work experience, if applicable (position, name of establishment and length of time)

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\_\_\_\_\_

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4. Volunteer Experience (Please provide information on any volunteer work undertaken)

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5. Interview

Please indicate your preferred date and time of interview (Phone interviews will only be granted when distance is a problem)

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6. Parent's Declaration

I hereby give consent for my child to participate in the Hospitality Internship.

I agree to and provide permission for the photographic, video, audio or any other form of electronic recording of my child for and on behalf of Yarraton and Kenvale College.

Parent's Signature:	Participant's Signature
Name:	
Date:	Date:

Please send your completed application form to:

Yarraton Internships Program  
P.O Box 224  
Kingsford, NSW 2032