

# Application form

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Email your application (completed form, statement of claims, CV and video) to [office@petercullentrust.com.au](mailto:office@petercullentrust.com.au)

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## Applicant information

Surname .....

Given name .....

Tel.....

Mobile .....

Email .....

Postal address .....

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Suburb / town.....

State ..... Postcode.....

Do you identify as Aboriginal or Torres Strait Islander? ..... Yes / No

Are you an Australian citizen? ..... Yes / No

Are you an Australian resident? ..... Yes / No

Is your employer sponsoring a position?..... Yes / No

If 'Yes' what is your supervisor's name?

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Where did you hear about this program?.....

.....

.....

Link to your YouTube video .....

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## Employment information

Current employer .....

Duration.....

Your position title .....

Duration.....

Employer address.....

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Suburb / town.....

State ..... Postcode.....

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## Referees (two are required)

1. Name.....

Organisation .....

Tel / mobile .....

Email.....

2. Name.....

Organisation .....

Tel / mobile .....

Email.....

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## Authorisation

Signature of applicant:

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I authorise the verification of the information provided on this form regarding my employment and give permission for my referees to be contacted.

Date.....

The Peter Cullen Trust receives many applications for this program. We regret that we will be unable to provide feedback on unsuccessful applications. Previous applicants are welcome to reapply.

