

Application form

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

Applicant information

Surname

Given name

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

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

Date of birth..... Gender.....

Are you of Aboriginal or Torres Strait Islander descent? Yes / No

Are you an Australian citizen? Yes / No

Are you an Australian resident? Yes / No

Tel.....

Mobile

Email

Skype

Link to your YouTube video

.....

Postal address

.....

Suburb / town.....

State Postcode.....

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

.....

.....

Employment information

Current employer

Duration.....

Your position title

Duration.....

Employer address.....

.....

Suburb / town.....

State Postcode.....

Referees (two are required)

1. Name.....

Organisation

Tel / mobile

Email.....

2. Name.....

Organisation

Tel / mobile

Email.....

Authorisation

Signature of applicant:

.....

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.

