



# APPLICATION FOR WORK EXPERIENCE

*(Please use block capitals to complete this form)*

Surname: .....

First Name: .....

Address: .....

Home Phone No. .... E-mail: .....

Next of Kin ..... Relationship: .....

Contact Phone No: .....

### PREFERRED AREA OF WORK (No.1,2,3 etc. in order of preference),

Journalist*	<input type="checkbox"/>	Photographer	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>
Advertising	<input type="checkbox"/>	Newspaper Circulation	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	Library Systems	<input type="checkbox"/>	Finance	<input type="checkbox"/>

*\*If Journalist specify preferred Department eg. (Sport, Features)* .....

### WORK EXPERIENCE DATES (in order of preference)

	From	To
1 <sup>st</sup> Choice	/ / 200__	/ /200__
2 <sup>nd</sup> Choice	/ / 200__	/ /200__
3 <sup>rd</sup> Choice	/ / 200__	/ /200__

NAME & ADDRESS OF SCHOOL	YEAR
WORK EXPERIENCE COORDINATOR	PHONE NO.

Hobbies: .....

Awards: .....

Signed: ..... Date: .....