



2017 WORK EXPERIENCE APPLICATION - NOVEMBER (SCHOLARSHIP)

CONTACT DETAILS			
FIRST NAME		SURNAME	
STUDENT EMAIL		STUDENT MOBILE NUMBER	
SCHOOL NAME			
SCHOOL ADDRESS			
DRAMA TEACHER NAME		DRAMA TEACHER EMAIL	
PARENT EMERGENCY CONTACT	Name: Mobile number:		
MOBILITY OR HEALTH ISSUES	Please tell us if we need to be aware of any mobility, accessibility or other health issues that we need to know:		

PLEASE TELL US IN 25 WORDS OR LESS WHY YOU WOULD LIKE THE OPPORTUNITY TO PARTICIPATE IN WORK EXPERIENCE AT BLACK SWAN STATE THEATRE COMPANY

SEND THIS COMPLETED FORM TO

EMAIL alena@bsstc.com.au