

2017 WORK EXPERIENCE APPLICATION (NOVEMBER)

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

PAYMENT OPTIONS (TICK)	
<input type="checkbox"/> CREDIT CARD PAYMENT	
(circle one) VISA MASTERCARD AMEX	EXPIRY DATE __ / __ / __
CARD NUMBER _____	CVC NUMBER ___
NAME ON CARD	
<input type="checkbox"/> CHEQUE PAYMENT PLEASE MAKE PAYABLE TO BLACK SWAN STATE THEATRE COMPANY	

SEND THIS COMPLETED FORM TO

EMAIL alena@bsstc.com.au