

Internship Application Form**Internship Stream to be undertaken:** _____**Personal Information**

Surname: _____ Given Name/s: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Sex: Female Male

Country of Birth: _____ Nationality: _____

Emergency Contact _____ Relationship: _____ Ph _____

Visa InformationHave you ever been refused a visa to Australia? Yes NoHave you ever had a visa cancelled in Australia? Yes NoHave you ever been deported or received a ban from entering Australia? Yes No

If in Australia currently, what is your current visa subclass? _____

Employment InformationAre you currently employed in Australia? Yes NoIf yes, will your employer be acting as your host employer? Yes No**Personal Requirements**How well do you speak English? Very well Well Not Well Not at All

Do you require accommodation options?

Do you have any special needs that will affect your ability to undertake the course? If yes, we will contact you so that we can assist you to get the most out of your training course. Yes No**INTERN DECLARATION**

I declare that the information I have supplied in this form is, to the best of my knowledge, complete and correct.

I understand that giving false or incomplete information may lead to the refusal of my application or cancellation of enrolment in the programme

I understand that submission of this application form does not constitute an acceptance into the programme

I understand that if any information is omitted or untrue or not genuine, the nomination and visa application may not be able to proceed or may be refused by the Department of Home Affairs

I understand and confirm that I will have no recourse to ATL past, present or future in the event that:

1. The application does not proceed
2. The nomination or the visa are refused or cancelled at any time

I declare that I have read, understood and will comply with the requirements outlined in ATL's Internship Guide, and my obligations as a subclass 407 Visa holder.

Applicant Signature

Signature: _____ Date _____

Within seven working days from receipt of this application form, you will be contacted by an ATL Internship Representative to discuss your particular case. You will be required to provide further supporting evidence including, but not limited to the following:

- Copy of your current resume
- Certified copies of all academic documents (if applicable) – translated into English
- Certified copy of your signed passport bio-data page
- Evidence of your English language proficiency (if required)
- Copy of your Health Cover details (if you currently possess Health Cover)

Office Use

Training Plan sent:		Internship offer sent:	
Application Finalised:		Entered onto Vettrak:	