

APPLICATION FORM
AMSRs GRADUATE TRAINEE PROGRAM 2011

Complete the form and attach copy of CV **and** academic results and return by 29th October 2010 to...

AMSRs Graduate Trainee Program
 Lvl 1, 3 Queen Street, Glebe NSW 2037

NAME: _____

ADDRESS:

SUBURB: _____ **STATE:** _____ **P/CODE:** _____

TELEPHONE: (HOME) _____ (DAY CONTACT) _____

EMAIL: _____

AGE: _____

I AM APPLYING FOR THE: VICTORIAN **TRAINEESHIP PROGRAM.**
 (Please note the program is only running in VIC)

EXPERIENCE IN MARKET RESEARCH: YES NO

If yes, briefly explain experience

TERTIARY QUALIFICATIONS

List all qualifications gained, any majors studied, and the institute from which they were obtained

| QUALIFICATIONS | MAJOR(S) | INSTITUTE |
|----------------|----------|-----------|
| | | |
| | | |
| | | |

Please use the space provided overleaf to answer the questions.

