

# application form

**Please note:**

For processing purposes, we recommend completing your application form in the latest version of Adobe Reader.

By not using Adobe Reader there may be a delay in processing your application.

If you require further assistance please email us at:

**[employment@theforum.org.au](mailto:employment@theforum.org.au)**

**Download the latest version of  
Adobe Reader here**



# application form



## position information

Position applied for:	<input type="text"/>
Type of employment:	<input type="text"/>
How did you find out about the position?	<input type="text"/>

## applicant information

Surname:	<input type="text"/>	Given Name:	<input type="text"/>
Home Address:	<input type="text"/>		
Email Address:	<input type="text"/>		
Contact Number:	(M) <input type="text"/>	(H) <input type="text"/>	(W) <input type="text"/>
Availability: (All applicants must be available to work weekends.)	Sunday <input type="checkbox"/> Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>
	Notes: <input type="text"/>		
Current employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Notice period required (weeks): <input type="text"/>	
Current study/training:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Distance <input type="checkbox"/>	Course name: <input type="text"/>
Personal commitments over the next few 6-12 months:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Detail: <input type="text"/>	

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## qualifications

Qualification	Organisation	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## work experience – itemise relevant work experience

## references (you agree to have these referees contacted in relation to your potential employment)

Referee Name	Position/Relationship to applicant	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**what strengths can you bring to NUsport?**

**what weaknesses can you work on?**

**where do you see yourself in 2 years time?**

**why do you want to work with NUsport?**

**what differentiates you from other applicants?**