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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Save the form to your computer before entering data! | | | | | | | | | | |
| Full Name: |  | | | | | Date: | | | |  |
| Address: |  | | | | | | |  | | |
| Street Address | | | | | | | | Apartment/Unit/# | | |
|  |  | | | | | | |  |  | |
| City | | | | | | | | State | Post Code/Zip | |
|  |  | | | | | |  | | | |
|  | Country | | | |  | |  | | | |
| Phone1: |  | | | | E-mail Address: | |  | | | |
| Phone2: |  | | | |  | |  | | | |
|  | | | | | | | | | | |
| Emergency Contact Details | | | | | | | | | | |
| Full Name: |  | | | | |  | | | | |
| Phone: |  | | | | Email Address: | |  | | | |
| Relationship to applicant: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Are you legally authorised to work in Australia? | | | YES | NO | Please provide documented proof with application submission. | | | | | |
| The position requires physical capacity to undertake movement of equipment and mobility to complete tasks across the Gardens site. Do you have any special support needs we should be aware of? | | | YES | NO | Please provide details. | | | | | |
| Do you have any allergies or pre-existing medical conditions that we should be aware of? | | | Please provide details. | | | | | | | |
| Why do you want to work at Royal Botanic Gardens Victoria? | | |  | | | | | | | |
| What aspects of horticulture are you interested in? | | |  | | | | | | | |
| What skills would you like to attain or improve upon? | | |  | | | | | | | |
| What are you planning to do once you finish your internship? | | |  | | | | | | | |
| Briefly describe any previous horticulture or work experience skills | | |  | | | | | | | |

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| --- | --- | --- | --- |
| Scheduling and Availability | | | |
| **Indicate which period you will be able to begin the internship program:**  **Note, you can only apply for the time closest to your application submission, applications aren’t kept on file**  March  July October  **Indicate what length of internship you would be available for:**  4-week placement (minimum)  8-week placement (maximum)  Other placement length (between 4 and 8 weeks)  Note\* this is a four day per week placement from Tuesday to Friday | | | |
| Education History | | | |
|  | **Name of Education Institute** | **Years Completed** | **Qualification** |
| **High/Secondary School** |  |  |  |
| **Tertiary institution/ Polytechnic** |  |  |  |
| **University** |  |  |  |
| Are you currently enrolled in and pursuing horticulture or horticulture-related studies at a degree or certificate granting post-secondary academic institution, or have you graduated from such an institution within the last twelve months? | | | |
|  | | | |
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| As part of your application submission, please include a brief resume. You may include volunteer positions and appropriate coursework. | | | |

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| References | | | | | | |
| Please list two professional references. | | | | | | |
| Full Name: |  | Relationship & time known: |  | | | |
| Company: |  | | Phone: |  | | |
| Address: |  | | | | | |
|  |  |  |  | | | |
| Full Name: |  | Relationship & time known: |  | | | |
| Company: |  | | Phone: | |  | |
| Address: |  | | | | | |
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|  |  | | |  | |  |
| **Save the completed form to your computer. Submit completed form, cover letter, and resume as attachments via email to:** [**Internship@rbg.vic.gov.au**](mailto:Internship@rbg.vic.gov.au)  **Information collected on this application is done so in accordance with** **RBGV Privacy Policy.** | | | | | | |