**Expression of Interest Form**

**Work Experience**

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| --- | --- |
| **First Name:** |  |
| **Surname:** |  |
| **Address Line 1:** |  |
| **Address Line 2:** |  |
| **Suburb:** |  |
| **State:** |  |
| **Email:** |  |
| **Contact Phone Number:** |  |
| **Are you an Australian Citizen or Permanent Resident? If no, please provide details of your VISA.** |  |
| **Do you currently reside in the Shoalhaven?** |  |
| **Are you currently studying? If yes, what is the certificate/qualification you are completing and who is the provider/institution?** |  |
| **In what area/department are you hoping to complete work experience?** |  |
| **How many hours work experience are you seeking?** |  |
| **What is your availability?**  |  |
| **Please describe why you would like to complete work experience with Shoalhaven City Council** |  |

**Email completed form to: recruitment@shoalhaven.nsw.gov.au**