Undergraduate Student Internship Application Form



1. Personal Details

Title:	Title: Given name/s:			Surname:					
Preferred name:									
Street address (or postal address if preferred):									
Suburb:			State	State:		Postcode:			
Home phone	Mobile:		Email address:						
2. Applicant's University Details									
University:				Year level in 2024:					
Degree program (eg. BioMedSc):									
3. SVI Sponsoring Laboratory Applicants are required to contact the lab head and obtain approval to undertake an internship in the lab prior to submitting this form.									
Laboratory:									
Supervisor:									
4. Period of Internship Dates to be arranged and confirmed by the lab head. Note: SVI is closed between Christmas & New Year, and this period is not included as part of the six-week summer internship program.									
Start Date:			E	nd Date:		(inclusive)			
Total working	num of 30 days):								
5. Statement of Interest Briefly describe why you have chosen this lab, and what you hope to gain from this internship. Not to exceed this text box.									

6. Please submit your latest CV and academic results along with this application form (applications will not be processed without these documents)

7. CERTIFICATION BY APPLICANT

	Signed		Date			
8.	CERTIFICATION BY LAB HEAD/SUPERVISOR					
	Signed		Date			

 Email applications to: studentenquiries@svi.edu.au. Incomplete applications will NOT be considered.

 General Enquiries:
 studentenquiries@svi.edu.au.

Lab Head Enquiries: Refer to lab and project information at <u>www.svi.edu.au</u>.