Undergraduate Student Internship Application Form

St Vincent's Institute MEDICAL RESEARCH

1. Personal Details

Title:	Given name/s:	Surname:
Preferred name:		
Street address (or postal address if preferred):		
Suburb:	State:	Postcode:
Home phone:	Mobile:	Email address:

2. Applicant's University Details

University:	Current Year level:
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:	End Date: (inclusive)
Total working days (Maximum 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 www.svi.edu.au.