



DEPARTMENT OF **RESOURCES**

**Student Internship Application Form**

Please PRINT this form, fill it in and send it to Stuart Smith, Program Manager, Plant Industries – email [stuart.smith@nt.gov.au](mailto:stuart.smith@nt.gov.au) phone (08) 89992222, fax (08) 89992049

Date: //

**Personal details of student**

Name: \_\_\_\_\_

Title (Dr, Mr, Mrs, Ms etc): \_\_\_\_\_

Age Group (please circle): 18-25 | 26-35 | 36-49 | 50-65 | Over 65

**Contact details:**

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

**Course of Study undertaken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Institution:** Queensland University

**Campus:**

\_\_\_\_\_

**Insurance Cover:** Provided by University of Queensland after standard Departmental induction

**Preferred location for internship and brief outline of area/s of interest:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Internship to commence:** \_\_\_\_\_ **Internship to finish:** \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

Additional relevant information

Disclaimer:

The Department does not provide workplace injury insurance and the student/organisation needs to be aware that if there is no school/tertiary insurance then there is no coverage.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Name and contact details of supervising lecturer

\_\_\_\_\_  
Signature of lecturer  
Note that this application does not automatically confirm a placement

APPROVED/NOT APPROVED  
Chief Executive Department of Resources