

Museum of Contemporary Art Australia

WORK EXPERIENCE APPLICATION FORM

Name			
Postal Address			
Email			
Daytime Phone		Mobile	
School			
Year			
Are you applying for the June or November placement?			
Careers Advisor name		Careers Advisor contact number	
Emergency contact name		Emergency contact number	

Why would you like to participate in the MCA work experience program?

.....

.....

.....

.....

.....

What do you hope to be doing five (5) years from now?

.....

.....

.....

Museum of Contemporary Art Australia

What special skills will you bring to the MCA during your week of work experience?

.....

.....

.....

.....

.....

Signature		Date	
------------------	--	-------------	--

Please send completed application to:

**National Centre for Creative Learning Coordinator
Museum of Contemporary Art
PO Box R1286 Sydney NSW 1223
Email: workexperience@mca.com.au**