

Work Experience Application



Contact Information

| | |
|--------------------------------|--|
| Student's Full Name | |
| Educational Institution | |
| Personal Email Address | |
| Personal Contact Number | |
| Coordinator's Name | |
| Email Address | |
| Contact Number | |

Work Experience Dates

Please provide details of your proposed Work Experience Placement days and dates:

Date from: _____ Date to: _____, for a minimum of _____ hours;

OR

(Please circle preferred days and provide the dates)

| PREFERENCE 1 | | | | | PREFERENCE 2 | | | | |
|--------------|---------|-----------|----------|--------|--------------|---------|-----------|----------|--------|
| Dates: | | | | | Dates: | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | | | | | |

Area of professional interest

Please tell us which **two** areas you are interested in spending your placement:

- | | |
|--|--|
| <input type="checkbox"/> WASO Marketing | <input type="checkbox"/> Perth Concert Hall Box Office & Ticketing |
| <input type="checkbox"/> WASO Artistic Planning | <input type="checkbox"/> Perth Concert Hall Marketing & Events |
| <input type="checkbox"/> WASO Community Engagement & Education | <input type="checkbox"/> Perth Concert Hall Stage Management |
| <input type="checkbox"/> WASO Orchestral Management | <input type="checkbox"/> Perth Concert Hall Front of House |
| <input type="checkbox"/> WASO Philanthropy | |
| <input type="checkbox"/> WASO Corporate Development | |
| <input type="checkbox"/> WASO Human Resources/ Finance/ IT | |

Summary of your interest in WASO or Perth Concert Hall

Summarise the relevant skills, experience and interests that you have acquired, including other work experience, school subjects or hobbies and sports.

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Mandatory Requirements

1. Please confirm your educational institution can provide the following:

- Personal Accident Insurance – Copy attached.
- Public Liability Insurance – Copy attached.

2. Please advise of any injuries, illnesses or disabilities that we need to be aware of in order for you to complete your work experience placement with WASO or Perth Concert Hall?

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Emergency Contact Details

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|---------------------|--|
| Full Name | |
| Home Address | |
| Relation to Student | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I confirm that the information I have provided is true and complete. I understand that if I am accepted for a work experience placement, any false statements, omissions, or other misrepresentations made by me on this application may result in a refusal by WASO or Perth Concert Hall to complete my placement or provide a reference letter.

| | |
|---------------------|--|
| Full Name (printed) | |
| Signature | |
| Date | |

Our Policy

The West Australian Symphony Orchestra (WASO) and Perth Concert Hall promotes a workplace that actively seeks to include, welcome and value unique contributions of all people. WASO encourages people with disability, Indigenous Australians, young people and people from culturally diverse backgrounds to apply for this opportunity.

Thank you for completing this application form and your interest in WASO and Perth Concert Hall.