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ABN 47 131 297 731

NERAM Internship Program

Application Form

Please ensure that you have read the NERAM Internship Information at www.neram.com.au/about-us/internships/

Please type or print clearly in block letters

Full Name: _____

Telephone: (____) _____ Mobile: _____

Email: _____

Education Institution Name and Address: _____

Coordinator Name if applicable: _____

Telephone: (____) _____ Email: _____

Degree Name: _____ Current year/level of study: _____

Please indicate **placement dates** required:

1st preference: START DATE (dd/mm/yy) _____ END DATE (dd/mm/yy) _____

2nd preference: START DATE (dd/mm/yy) _____ END DATE (dd/mm/yy) _____

3rd preference: START DATE (dd/mm/yy) _____ END DATE (dd/mm/yy) _____

Please indicate **hours** required (if not full time placement on above dates):

Please indicate any **special needs or mobility requirements:**

Please indicate what you hope to gain from an intern placement with NERAM? (200 words max)

What skills do you feel that you possess that would enable you to undertake an intern placement at NERAM? (200 words max)

Your completed application form with attached cv (max 2 pages) forwarded to: office@neram.com.au at the earliest opportunity.