

# Work experience application

## Your details

Participant's name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

## Please tell us

What interests you in a medical research career in cardiovascular disease?

Which research area or project are you interested in?

What are your dates of availability?

## School details

Work experience coordinator: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I confirm this request is part of a school-endorsed program.

## Check list

1. Complete the fields on this form
2. Return all paperwork to our Work Experience Coordinator Franziska Konschak on [franziska.konschak@hri.org.au](mailto:franziska.konschak@hri.org.au)

**For further questions and information, telephone Franziska on 02 8208 8900.**