Please return this form as a PDF attached to your submission email along with your submission material as outlined in the submission brief and selection criteria.

**\_Application Form\_**

Please provide us with the following information:

|  |  |
| --- | --- |
| Full name: | … |
| **Email Address:** | … |
| **Contact Phone Number:** | … |
| **What is the current institution of enrolment:** | … |
| **How many years of your course have you completed:** | … |

**How did you hear about the Arkhefield Internship program:**

University  Social Media  Previous applicants  Word of mouth

Other (please specify)

**What is your availability to work during 2021:**

Full Time  Part time

**If part time how many & what days are you available (if known):**

Monday  Tuesday  Wednesday  Thursday  Friday

**Number of days:** Choose number of days

**Will you be available on the 11/12/2020 from 9AM to 5PM to attend the part B super studio at Arkhefield studio?**

Yes

No

I confirm the above questions have been answered truthfully and that I have read, understood and accept the attached terms and conditions of entry.

Yes

**Full name of applicant:**

**Date:**Click or tap to enter a date.