

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 2022?

- Full Time Part time

If part-time how many & which days are you available (if known)?

- Monday Tuesday Wednesday Thursday Friday

Number of days? Choose number of days

Will you be available on the 3/12/2021 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.