**NAS ABORIGINAL ART CENTRE INTERNSHIP PROGRAM 2022**

*Applications close 5pm Monday 31 January 2022.*

*The successful applicant is expected to take up the internship in 2022*

Please return your completed (typed, not handwritten) application to:

Marilyn Schneider

Academic Administrator

National Art School

Forbes Street

Darlinghurst NSW 2010

Or email your completed application to: marilyn.schneider@nas.edu.au

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| **1. PERSONAL DETAILS** |
| Family Name: Given Names: |
| Date of Birth:  |
| Address:  |
|  Postcode: |
| Email: Mobile: |
| Occupation: Country of Citizenship:  |
| Are you an Australian Citizen or Permanent Resident? 🞏 YES 🞏 NO* Attach a copy of your current passport.
* If you are not an Australian citizen please also attach a copy of your visa.
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| **2. CURRENT COURSE DETAILS** |
| 🞎 BFA student (3rd year only) 🞎 MFA student (2nd year only)  |
| Discipline: 🞎 Ceramics 🞎 Drawing 🞎 Painting  🞎 Printmaking 🞎 Photomedia 🞎 Sculpture  |
| I have included at least six examples of my current work (Powerpoint presentation with no images bigger than 1MB) 🞏 YES 🞏 NO ***Important: Applications will not be considered without six examples of current work.*** |

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| **3. REFEREES** |
| Please state the name, addresses, phone numbers, and email addresses of two academic referees conversant with your most recent studies and who support your application: |
| **Referee 1:** |
| **Referee 2:** |
| **4. RATIONALE** |
| Please state why you would like to undertake an internship at this particular stage of your career (max 250 words) |
| **5. SKILLS AND ATTRIBUTES** |
| Please state what specific skills and attributes you feel you could bring to this role (max 250 words) |
| **6. AIMS AND OBJECTIVES** |
| Please state what professional development benefit you hope to achieve through the internship (max 250 words) |
| **7. DECLARATION AND SIGNATURE** |
| I declare that the information submitted in this application is correct and complete. I authorise the National Art School (NAS) to obtain information from any tertiary institution previously or currently attended by me. If any information supplied by me is considered to be untrue, incomplete or misleading in any respect, I understand the NAS may take such action as it believes necessary including the disclosure of the information to any person or body the NAS considers has a legitimate interest in receiving it and I consent to such disclosure. I understand the NAS reserves the right to vary or reverse any decision made on the basis of untrue, incomplete or misleading information. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |