**Parliamentary Library Internship: Application Form**

**Instructions**

Please complete this application form to express your interest in a 2023 internship at the Parliamentary Library. Forward the **completed form** together with your **curriculum vitae** and a **copy of your academic transcript** to [catherine.gilbert@aph.gov.au](mailto:catherine.gilbert@aph.gov.au) by **6 March 2023**. Please direct any enquiries to Catherine Gilbert on (02) 6277 2695 or [catherine.gilbert@aph.gov.au](mailto:catherine.gilbert@aph.gov.au).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details:** | | | | | | | | | | | | |
| Surname:       Given names: | | | | | | | | | | | | |
| Date of birth:       *(optional)* | | | | Business hours contact number: | | | | | | | | |
| Email: | | | | | | After hours contact number: | | | | | | |
| Address: | | | | | | | | | | | | |
|  | | | | | | Postcode: | | | | | | |
| **Are you an Australian citizen?** | | | | | | | | | | Yes | | No |
| *Note: Only Australian citizens can be considered for an internship. Successful applicants will be required to undergo an Australian Federal Police National Police Check prior to commencement of the internship.* | | | | | | | | | | | | |
| **Educational Details:**  *Note: Students must be enrolled in an* [*ALIA accredited Librarian and Information specialist course*](https://www.alia.org.au/Web/Careers/Becoming-An-Information-Professional/Librarians-and-information-specialists.aspx) *in order to be considered for an internship.* | | | | | | | | | | | | |
| Course name: | | | | Current year/level of study: | | | | | | | | |
| Educational Institution name and address: | | | | | | | | | | | | |
| Coordinator name: | | Email: | | | | | | | Phone: | | | |
| Insurance cover provided by Educational Institution: | | | | | | | Yes | | | | No | |
| **Preferred format of internship (select one):** | One day per week for the Semester.  Preferred day of the week: | | | | | | | |  | | | |
|  | Full time four week block  Preferred dates: : | | | | | | | |  | | | |
|  | Other  Please specify: | | | | | | | |  | | | |
| **Referees:** Please provide contact details of two referees (academic and/or employment-related) | | | | | | | | | | | | |
| 1. Name: | | | | | | | | 2. Name: | | | | |
| Relationship: | | | | | | | | Relationship: | | | | |
| Ph: | | | | | | | | Ph: | | | | |
| **Do you wish to identify as:** | | | an Aboriginal or Torres Strait Islander | | | | | | | | | |
|  | | | a person from a different ethnic or racial background | | | | | | | | | |
|  | | | a person with a disability | | | | | | | | | |
| **Confirm that you have included:** | | | Your curriculum vitae (no more than two pages) | | | | | | | | | |
|  | | | Your academic transcript | | | | | | | | | |
| I confirm that the information I have provided above and the details in my attached curriculum vitae and academic transcript are, to the best of my knowledge, true and correct. | | | | | | | | | | | | |
| Name: | | | | | Date: | | | | | | | |