

## WORK EXPERIENCE APPLICATION

### Education Provider Details:

\* Education Provider

\* School Address

\* Work Experience Coordinator

Phone

\* Email

### Student Details:

\* Student Name

\* Current Year Level

\* Areas of Interest

- Accounting & Taxation
- Audit & Assurance
- Financial Planning
- Self-Managed Superannuation
- Administration & Office Management
- Marketing
- IT

\* Preferred date/s of work experience

\* Requested working days / hours

Additional comments to support this application

### Supporting Documents:

If you have any academic records and / or letters of support for this application, please attach them when you send your completed application to [recruitment@mcconachiestedman.com.au](mailto:recruitment@mcconachiestedman.com.au).

*\* Required answer, others are optional*

### Contact Us:

P: 1300 363 866

E: [recruitment@mcconachiestedman.com.au](mailto:recruitment@mcconachiestedman.com.au)

[www.mcconachiestedman.com.au](http://www.mcconachiestedman.com.au)