# Shape Description automatically generated with medium confidence**Student Information Form**

Thank you for your interest in undertaking an internship with Museums of History NSW (MHNSW).

Students wishing to apply for any MHNSW internship must meet ALL of the following criteria:

* Students must be currently enrolled in a recognised Australian tertiary educational institution
* The internship (placement) must be a **required component** of the student’s degree or course
* The student’s educational institution must provide insurance cover

Please complete the form below and submit it, along with a letter of interest and a copy of   
your CV with study grades, to [internships@mhnsw.au](mailto:internships@mhnsw.au) by the advertised deadline. Once we have reviewed all applications we will be in touch to advise whether we are able to offer you an interview.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name |  | | | |
| Phone |  | | | |
| Email |  | | | |
| Educational Institution |  | | | |
| Degree/ Course |  | | | |
| Subject area |  | | | |
| Name of subject that requires placement |  | | | |
| Name of internship you are applying for: |  | | | |
| Are you able to commit to the timeframe shown on the project outline for this internship? (delete as applicable) | | | | YES/ NO |
| Please provide detail on your availability (days of the week): | |  | | |
| Please provide the name and contact details of an academic referee: | | | | |
| Academic Referee Name |  | | | |
| Position |  | | | |
| Contact phone |  | | | |
| Email |  | | | |
| Museums of History NSW requires you to ensure that your educational institution provides:   * Endorsement for you to undertake this internship * Documentation confirming that your educational institution will provide insurance cover for the duration of your internship with MHNSW   Please be aware that we are unable to accept your application without this information. Please provide the name and contact details of the staff member at your educational institution who can provide the above. | | | | |
| Staff Name |  | | | |
| Position |  | | | |
| Contact phone |  | | | |
| Email |  | | | |
| Current MHNSW employees are not eligible to apply for MHNSW internships.  I confirm I am not a current MHNSW employee (delete as applicable) | | | | YES/ NO |
| Where did you hear about this opportunity? | | |  | |