



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@mcs.au.

** Required answer, others are optional*

Contact Us:

P: 1300 363 866

E: recruitment@mcs.au

www.mcs.au