

 ADC INTERNSHIP APPLICATION FORM

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| **Name** |   |
| **Date of Birth** |   |
| **Address** |   |
| **Telephone** |   |
| **Email** |   |
| **Professional Qualifications****(include name of institution and date of award)** |   |
| **Availability (days and timeframe)** |   |
| **Please describe your interest in arbitration and alternative dispute resolution and reasons for applying for an internship (alternatively this may be included in your cover letter)** |   |

I, , confirm that the information provided in and annexed to my application for

The ADC internship programme is accurate and may be used by ADC staff as required in connection with the consideration of my application.

Signature:

Date:

Applications should be sent by email to: ADC-Associate@disputescentre.com.au along with copies of a covering letter addressing the internship Criteria, a CV and current university transcript.