

ACADEMIC INTERNSHIP EXPRESSION OF INTEREST FORM

This form is used to register your interest to study an Academic Internship, as an elective subject. This form is used in conjunction with the enrolment process for BUS307 or BU308 - internship subjects. Prior to the new trimester commencing, the Work Intergrated Learning Coordinator will discuss with you your preference and eligibility. Please ensure each section of this form is complete.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

STUDENT DETAILS

Title		
Mr	Ms	Other (please specify)
Family name		Given name(s)
Date of birth (dd/mm/yyyy)		Student ID

CURRENT COURSE DETAILS

Undergraduate courses	
Bachelor of Business	Bachelor of Business (Hospitality and Tourism Management)
Bachelor of Business (Accounting)	Bachelor of Business (Management)
Bachelor of Business (Finance)	Bachelor of Business (Marketing)

AREAS OF INTEREST

Which industries interest you?

Accounting:	Hospitality and Tourism:	Marketing:	Business:	Management:	Finance:
Auditing	Events	Digital	HR	Business Strategy	Business Analytics
Payroll	Food and Beverages	Strategy	Administration	Corporate Management	Financial
Taxation	Tourism strategy	Communications	Quality Assurance	Employee Relations	Administration
General accounting	Other_____	Advertising	Professional Service	Management Consulting	Accounts
Other_____		Other_____	Other_____	Other_____	Credit Control
					Other_____

STUDENT DECLARATION

Student signature	Date (dd/mm/yyyy)

Please return this form via email to intern@kbs.edu.au

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OFFICE USE ONLY

ELIGIBILITY

Successfully completed eight core 100- level subjects

Successfully studied one trimester of study

At least four electives remaining (full time)

Successfully completed BUS201 Foundations of Workplace Success

STUDY OPTIONS

Please select the trimester during which they wish to complete the BUS307 and/or BUS308 Internship *electives

BUS307	Trimester 1	Trimester 2	Trimester 3
BUS308	Trimester 1	Trimester 2	Trimester 3

Student GPA	SEO Comments	
WIL Coordinator's name	Signature	Date (dd/mm/yyyy)

Privacy: Kaplan Business School collects personal information about you for the purposes of administering your enrolment in your chosen education course(s) or program(s) of study. We may not be able to process your request if you do not provide all of the information requested on this form. We may disclose personal information about you in accordance with our **Privacy Policy** including to your education agent, and to the Australian government as required or authorised by law. Our Privacy Policy contains detailed information about how you can access and correct the personal information we hold about you, or make a privacy complaint. You may contact the Privacy Officer at privacy@kaplan.edu.au for more information.

Return this form to your Kaplan Business School Student Experience Team:

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