APID INTERNSHIP

**Name:** x

**University/Institution:** x

**Course:** x

**Year Attending**: (eg.3rd year) x

**Graduate:** (eg. May 2017) x

**Contact:**  Email: | Mobile:

1 - INTERNSHIP LENGTH

XA 6 months

XA 3 months

XA 2 months

XA 1 month

XA 2 weeks

XA Other:

2 - START DATE

XA Large Company

XA Small Company

XA Freelancer

3 - SPECIFIC INTEREST

XA All

XA Hospitality

XA Residential

XA Retail

XA Commercial

XA Exhibition

XA Other:

4 - CV & PORTFOLIO LINK

Applications that are not complete will NOT be forwarded. All 4 points must be completed.