

Student name _____

POSTGRADUATE PROGRAMMES - DECLARATION OF WORK EXPERIENCE FORM

Employer	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role			

Employer	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role			

Employer	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role			

Employer	Position	Start date	End date
Description of duties – Please outline the nature of your main duties in this role			

Mandatory*

Signature of Employer

Date / /

*If you are self employed please ask one of your nominated referees to sign and date