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Application Form

ACS Victoria Technology Talent Program

PERSONAL DETAILS

ACS Membership No: _____ I would like to become a member

Full Name: _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone No: _____

Email address: _____

CURRENT STUDY DETAILS (if applicable)

Name of Institution: _____

Division/ School: _____

Institution Location: _____

Program/Course: _____

Year of Study: _____ Expected Completion Date (mm/yyyy): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Provide a brief outline of your studies and IT experience? (100 words or less - add extra pages if necessary)

**How would this prize and mentoring opportunity assist you to accelerate your ICT career?
(100 words or less - add extra pages if necessary)**

**Brief elevator pitch – why should you be selected to participate in this program above other applicants?
(100 words or less)**

APPLICANT’S DECLARATION

I declare that all information provided is true and correct, and if accepted and appointed as an ACS Student Ambassador, I undertake to be bound by the Rules, Regulations and Codes of the Society in which I am enrolled, as amended from time to time.

Signature: _____ Date: _____

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