



School of Public Health and Community Medicine

Application Form Work Experience Form

October 14 – 18th, 2019

UNSW Yunus Social Business Health Hub (YSBHH)

Applicant _____ Date of Birth _____

Mailing Address _____

Home Phone No. _____ Mobile Phone No. _____

Email Address _____

Name of your School _____ Year of School _____

Contact person in your school _____

Why are you interested in attending the Yunus WEP?

What does work for a social cause in community mean to you?

Why do you feel you would be a good candidate for the Yunus WEP?

What activities do you engage in outside of school?

How do you plan to use your Yunus WEP experience?