



Radio Training

Are you current Member of 101.5fm: Yes No

SECTION 1: DETAILS.

Name:	Home Phone:
Address:	Mobile:
Suburb:	
Postcode:	Email:

SECTION 2: PREFERENCES

- Interviewing
 Music Library
 Sales
 Public Relations
 Production
 Announcing
 News
 Panel Operation

SECTION 3: PREVIOUS EXPERIENCE IN RADIO INDUSTRY

SECTION 4: REFERENCES

<i>Name</i>	<i>Relationship</i>	<i>Work/Personal</i>	<i>Phone</i>

SECTION 5: SPECIFIC SKILLS

- Windows Word Excel Internet/E Mail
 E-Records Database CEP/Auditions HTML

SECTION 6: AVAILABILITY

Mon	Tue	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day	<input type="checkbox"/> Day
<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night

SECTION 7: MUSICAL PREFERENCES

1.	
2.	
3.	

SECTION 8: SPECIFIC MUSIC KNOWLEDGE

Genre	Artist	Music