



ABN: 25 303 969 323

APPLICATION FORM

PERSONAL INFORMATION/ CONTACT DETAILS		
NAME		
ADDRESS		POSTCODE
CONTACT NUMBERS		
WORK*		
HOME		
MOBILE		
I PREFER TO BE CONTACTED BETWEEN:		
9 AM – 12 PM	12 PM – 5 PM	5 PM – 8 PM
EMAIL		
I PREFER TO:		
SEND MY WORK BY EMAIL		
SEND MY WORK BY POST (SSAE REQUIRED)		
PAYMENT METHOD		
CASH	CHEQUE	MONEY ORDER



ABN: 25 303 969 323

SUBMISSION DETAILS

PLEASE SPECIFY TYPE OF TASK	
MANUSCRIPT	SHORT STORY
TITLE OF WORK	WORD COUNT
BRIEF SUMMARY	
SPECIAL AREAS OF CONCERN	