STUDENT INTERNSHIP/ SUMMER PLACEMENT FORM

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| Name: |
| Contact Information at University:Phone:Email:  | Local Contact Information:Phone:Email:  |
| Current Institution Enrolled In: |
| Programme Enrolled In: |
| Graduation Date: |
| Period Available for Internship/ Summer Job: |
| What is your area (s) of specific interest? |
| Explain why have you chosen the Department of Tourism for this Internship/Summer Job -* Please include any educational or past experience that will display your unique ability to contribute to the Department of Tourism’s mission.
* Please include information as to how you will professionally and personally benefit from an experience working for DoT.
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| Is this Internship/ Summer Job a Mandatory Requirement of Your Programme: **Yes / No**  |
| Do You Expect to Get Paid for this Internship: **Yes / No**  |
| Do you require a specific report format completed for your internship that DoT should provide to your educational institution? If so, please attach. |
| If this internship is outside the Grand Cayman Head Office, do you have the right to work in the Country designated: **Yes / No** |
| Date:  |

**Please Forward to Tonya Mitchell by E-Mail at tmitchell****@caymanislands.ky** **or Fax to 345 949 0493**