STUDENT INTERNSHIP/ SUMMER PLACEMENT FORM

|  |
| --- |
| 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. | |
| 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**](mailto:pdonalds@caymanislands.ky) **or Fax to 345 949 0493**