

GRADUATE PLACEMENT REQUEST FORM						
Personal (	details:					
Name			Are you a current MBCR employee?			
Phone			Yes			
Email			No No			
Placemen						
	requested					
Hospitality School			Hours required			
Availabi	lity (Dates)	Placement start date	Placement end date			
Graduate	placement a	dvisor details				
Name						
Phone						
Email						
ale ale ale ale			ent Work obligation letter from your Hospitality			
I letter and	l if necessary		authorise Mindil Beach Casino Resort to review my requesting Placement Advisor relating to this request.			
Signatur	e		Date			
Please p	rovide justifi	cation for Graduate Place	ment at Mindil Beach Casino Resort			
Why do	you want to	complete you Graduate pla	acement at Mindil Beach Casino Resort?			
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Email: MBCR HumanResources@delawarenorth.com

Phone: 8943 8850

What would you like to learn dur	ing your Graduate placement?		
What criteria's must you comple	te during your Graduate place	ment?	
Triat criteria s mast you comple	te during your oracuate place	The state of the s	
Mindil Beach Casino Resort offic	e use only		
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Voc. I washared the require		va an this annulaves for their C	
Yes, I understand the requi	rements and I would like to tai	e on this employee for their Gr	aduate placement
No. unfortunately I am not	able to take this employee for	their Graduate placement at th	nis time.
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Dept Manager			
	Name	Signature	Date
Recruitment Coord			
	Name	Signature	Date
HR Advisor			
	Name	Signature	Date
HR Manager			
	Name	Signature	Date