Human Resources

I am requesting Work Experience I am requesting a Structured work placement						
Personal Details:						
NAME:						
CONTACT NUMBER:				DOB:		
EMAIL ADDRESS:						
PERSONAL ADDRESS:						
Placement Details:						
WORK AREA REQUESTED:						
POSITION REQUESTED:						
SCHOOL:						
PLACEMENT DATES:	Start D End dat					
REQUESTED TIME:						
I am currently employed a				rt		
I am not an employee at N	чіпан веа	cn Casino & F	Resort			
Parental/Guardian Consen	t for min	or working (on lice	nsed pren	nises	
work experience at Mindil E minor will not be engaged it to access the gaming areas	and I Beach Ca in the sel	hereby give sino & Resor ling, supply	e permi t. In a	ission for i ccordance	my child to participate in	
Parent/Guardian Signature	:				_ Date:	
Parent/Guardian name:						
Parent/Guardian contact phone nu	ımber:					
High school Career Adviser/Te	acher:					
Name:		Contac	ct numb	er:		
Email:						

Review Date: 21/03/2019

Please <u>attach</u> your <u>cover letter, resume, the Student Work obligation letter</u> from your School and <u>insurance</u> letter to this request form and e-mail to: MBCR-HumanResources@delawarenorth.com

I (requesting letter request.		indil Beach Casino & Resort to review my school Career Adviser/Teacher relating to this
Requesting		
	Your Name	
	Signature	 Date
Please provide Beach Casino 8	justification for Work Experi	ence/Structured Work Placement at Mindil
	ant to complete your Work Ex	perience/Structured Work Placement at Mindil
What would yo	u like to learn during your Wo	ork Experience/Structured Work Placement?
What criteria's Placement?	must you complete during yo	our Work Experience/Structured Work

Review Date: 21/03/2019

MINDIL BEACH CASINO & RESORT OFFICE USE ONLY Human Resources & Departmental Manager Approval

Yes, I understand the requirements and I would like to take this employee for their Work Experience/ Structured Work Placement

No, unfortunately I am unable to fulfil this request and I am not able to take this employee for their prospective Work Experience/Structured Work Placement.

Department Manager			
Department Manager	Name	Signature	Date
Human Resources Coordinator (For Licensing purposes)	Name	Signature	Date
Learning & Development Adviso	orName	Signature	Date
Human Resource Manager	Name	Signature	Date

Review Date: 21/03/2019

Authorisations: