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Fáilte Ireland

National Tourism Development Authority

NOMINATION BY ESTABLISHMENT
Advanced Certificate in Professional Cookery
Immersion/Traineeship

Establishment Details

Name of Establishment:

Type of Establishment:

Address

Phone Number:

Fax:

Email:

General Manager:

Contact Person:

Please answer the following questions in relation to establishment

Do you have Employer's Liability Insurance in place? YES No

Do you have a HACCP system in place? YES No

Is there a Safety Statement available and is this communicated to employees? YES No

Do you agree to release your mentor for a short 1 or 2-day mentoring programme during the training period? YES No

Do you have an induction programme for new employees? YES No

Training Details – Establishment is required to have a qualified mentor/trainer to offer guidance and carry out training.

| Title | Name | Qualifications/Experience |
|--------------------------------------|-------------|----------------------------------|
| Head of Department/Supervisor | _____ | _____ |
| Programme Mentor | _____ | _____ |

I agree to abide by the Code of Practice

Employer's Signature: _____ **Position** _____

Trainee Applicant Signature: _____ **Date** _____

DECLARATION

I certify that the information I have provided on this form is accurate to the best of my knowledge. If admitted to Letterkenny Institute of Technology, I agree to abide by such College Rules and Regulations (Academic and General Rules) as are in force from time to time.

Signature of Applicant: _____ **Date:** _____

Please return the completed application form to:

Admissions, School of Tourism, Shore Road, Killybegs, Co Donegal by 5.15 pm on the 30 June, in the year in which you seek admission. (late applications may be accepted up to 5 September, however preference will be given to those submitted before 30 June).