

Registration of Establishment Form

RESTAURANT OPERATIONS MANAGEMENT**Establishment Details**

1. Name of Establishment: _____
Address: _____

General Manager: _____
Contact Person: _____
Telephone: _____ Fax Number: _____
Email Address: _____
2. Do you have Employer's Liability Insurance in place? Yes No
3. Do you have a HACCP system in place? Yes No
4. Is there a Safety Statement available and is this communicated to employees?
Yes No
5. Do you agree to release your mentor for a short 1 or 2 day mentoring programme during the training period? Yes No
6. Do you have an induction programme for new employees? Yes No

Training Details

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

Current Employees Only

To be completed where current employee(s) wishes to participate on the programme

I agree to:

- Release current employees(s) for 3 days per week while attending college
- Commit to an effective mentoring system which will offer guidance and training to the programme participant

Employer Name: _____

Employer Signature: _____

Student Placement (2 days a week during college term and 3 months block work experience)
To be completed where full-time students are placed with an employer of choice for the industrial placement components of the programme

I agree to:

- Provide 2 days of relevant work experience for a six month period.
- Provide a 3 month block of work experience following the college component of the programme.
- Provide an effective mentoring system which will offer guidance and training to programme participants throughout their work experience.

Employer Name: _____

Employer Signature: _____
(on behalf of establishment)

Programme Participant Name: _____

Programme Participant Signature: _____

Please forward completed form to the address below:

Admissions
School of Tourism
Letterkenny Institute of Technology
Shore Road
Killybegs
Co Donegal

Tel No (074) 9186600
Fax No (074) 9186601
Web Site www.lyit.ie