Fáilte Ireland
National Tourism Development Authority

Registration of Establishment Form for the National Traineeship in Professional Cookery

1. Establishment Details	
Name of Establishment:	
Type 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 1 day mentoring programme during the training period?

Yes ☐ No ☐

6. Do you have an induction programme for new employees?

Yes ☐ No ☐

7. 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, the undersigned, state that the above information is factual and that I have read and agree to abide by the accompanying Terms and Condition and will be prepared to supply documentary evidence (where appropriate) to support this application if called on to do so.

Employer Name: _____
(please print)

Title: _____

Signature: _____

Date: _____

Please forward to the
Professional Cookery Traineeship Section, Fáilte Ireland, 88 – 95 Amiens Street, D 1.