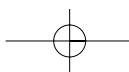
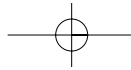


Your Plan - Your Future



**Please forward to the  
National Apprenticeship Unit,  
88-95 Amiens Street, Dublin 1  
Tel: (01) 884 7700 Fax: (01) 855 6821  
email: [courses@failteireland.ie](mailto:courses@failteireland.ie) Web: [www.failteireland.ie](http://www.failteireland.ie)**





## Registration of Establishments for the National Apprenticeship Programme

### 1. Establishment

Name of Establishment

Address

General Manager

Contact Person

Telephone Number  Fax Number  Email Address

### 2. Type of Establishment

Hotel  Restaurant  Guesthouse

Pub  Industrial Catering  Health Services

Army & Navy Services

Other (Please describe)

Classification

### 3. What industry accreditation do you have?

ISO 9002  Q-Mark  IHF Quality Employer  Member of Restaurants Association of Ireland

None of these  Other

If other, please specify

**4. Do you have a HACCP System in Place?** Yes  No

**5. Is there a Safety Statement available and is this Communicated to Employees?** Yes  No

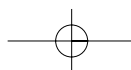
### 6. Establishment Responsibility for In-Company Training

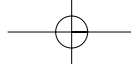
All participating employers are responsible for the delivery of in-company training required under the programme

**Establishment is required to have a qualified trainer/mentor to carry out training in the kitchen.**

**Please name:**

Title	Name	Certified Trainer	Qualifications/Experience
Head of Department Supervisor			
Certified Trainer (if different from above)			





**6a. Do you agree to release your trainer/designated mentor for training and liaison? (1/2 day per term in local college)** Yes  No

**7. Do you have an Induction Programme for new Employees?** Yes  No   
 How long does it last?

**8. Will you provide the following Induction Training for Students?**

Payment Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Introduction to fellow employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deductions on payslip	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Outline of job	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Holiday arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Health and safety procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Absence/sickness procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Standard of grooming and hygiene required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grievance/disciplinary procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lifting procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Uniforms/laundry arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Training arrangements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Changing facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Performance review system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Meals and breaks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy on use of establishment facilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Layout of establishment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Public transport and services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Layout of work area	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Who's who	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**9. Fire Precautions**

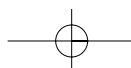
Location of extinguishers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evacuation procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

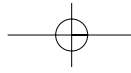
**10. Accidents:**

Reporting of accidents	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Location of First Aid Kit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**11. Accommodation (If applicable):**

Policy regarding visitors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy on cleaning/servicing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Policy on linen changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>			





Fáilte Ireland

**12. Do you have a staff handbook to give out at an Induction?** Yes  No

**13. Will you record in writing the hours of work/overtime for all employees?** Yes  No

**14. Will you give employees at least 2 days notice of working overtime where business permits?** Yes  No

**15. Do you have a procedure for giving payment or time off in lieu of overtime worked?** Yes  No

**16. Have you taken any measures to reduce the practice of split shifts?** Yes  No

**17. Will you give employees at least one clear week's notice of rosters?** Yes  No

If no, what notice will you give?

**18. Will you have a system whereby employees can request special days off (for weddings etc.)?** Yes  No

**19. Do you have a written grievance/disciplinary system in place within your establishment?** Yes  No

**20. Are employees/supervisors/managers familiar with the procedure?** Yes  No

**21. How are they made familiar with the procedures?**


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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Please print): \_\_\_\_\_

