

HOST EMPLOYER FORM

National Career Traineeship in Hospitality

TO BE COMPLETED BY HOST/SPONSOR HOTEL

Name of Hotel:	
Hotel Address:	
Tel. No:	
Contact Person:	

I confirm that the below named has successfully secured a place in the above named Hotel to complete the Work Based Modules of the Career Traineeship in Hospitality. (NOTE: Candidates should be 18 years or over.)

Signed: Hotel Representative	
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Applicant's Details

Applicant's Name:	
Applicant's Address:	
PPS No	
Mobile No	

NOTES:

1. Applicants register through their local Intreo/Social Welfare office. Eligibility criteria apply
2. Places on this programme are limited.
3. Hotels will select people for the Work Based elements of this programme based on their own selection criteria

Please bring this completed form with you when registering for the programme and a copy will also be required when registering at the start of the course.