



TRAINING COURSE APPLICATION FORM

For trainee Chefs & Baristas

1. Personal Details

- **Full Name:**

- **Date of Birth:**

- **Address:**

- **Postcode:**

- **Phone Number:**

- **Email Address:**

- **Emergency Contact Name:**

- **Emergency Contact Phone:**

2. Training Course Applying for

Tick all that apply:

- trainee Chef
- Barista

3. Availability

- **Days available:** Mon Tue Wed Thu Fri
- **Times available:** Morning Afternoon
- **Preferred start date:** _____

4. Experience & Skills

Please describe any relevant experience (professional or volunteer):

Do you have any of the following?

- Level 2 Food Hygiene Certificate
- Barista Training
- Allergen Awareness Training
- First Aid Certificate
- None yet (training required)

5. Health & Safety

Do you have any medical conditions that may affect food handling or require adjustments? No Yes — please give details:

Do you have any allergies (e.g., nuts, latex, cleaning products)? No Yes — please list:

6. Course Requirements

This course includes:

- Basic food hygiene
- Cross-contamination prevention
- Temperature control
- Cleaning & sanitising
- Allergen management
- Safe use of equipment
- Barista skills (if selected)
- Practical kitchen sessions

Do you agree to follow all hygiene and safety procedures of this course? Yes No

7. References

Please provide 2 references of past employment or character references: -

Name

Name

Mobile

Mobile

Email

Email

8. Benefits

Are you currently in receipt of benefits? (Please list all below.)

9. Declaration

I confirm that the information provided is accurate and that I agree to follow all training instructions and safety guidelines.

Signature: _____ Date: _____

9. For Office Use Only

- Application received by:

- Date received:
- Training session allocated:
- Trainer assigned:
- Notes: