



Brookdale

HEALTH HYDRO

Your Wellness Destination



Head of Catering APPLICATION FORM



PERSONAL DETAILS

Name:

Telephone - Mobile: Home: Work:.....

E-mail:

Date of Birth:

Home Language:

Own Transport: YES NO

Do you smoke? YES NO

Where do your parents live / your home town?

Have you ever lived in a commune house/boarding establishment? YES NO

What part-time jobs did you have whilst a student?

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Where did you receive your training?

Length of training?

Work experience:

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Length of work experience:



Please rate yourself out of 10 on how competent you are on the following:
 10 - excellent (cannot improve) 9 - excellent 8 - very good 7 - good 6 - fair
 5 - average 4 - below average 3 - poor 2 - very poor 1 - no formal training

CATERING			
Stock Control		Hosting Guests	Menu Planning
Working Under Pressure		Teaching Staff	Dealing with Junior Staff
Cleanliness & Hygiene		Orders	Dealing with Difficult Guests
Smoothies & Juices		Confidence	Cooking Healthy Meals
Working in a Team		Zulu Language	English Language
GENERAL			
Nutrition Knowledge		Personal Appearance at Work	Time Keeping / Punctuality
Empathetic		Organised	Proactive / Self Driven

Rate on a scale of 1 (no interest) to 10 (definitely interested) your interest in having training in the following while employed at Brookdale

Cooking Demo		Nutrition Course
Training Staff		Additional Chef Courses - eg: raw food

List three personal strengths and two personal weaknesses:

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Please supply us with one Training College reference and two work related references

TRAINING COLLEGE REFERENCE

College Name:

Name and position at the College:

Tel number:

WORK RELATED REFERENCE A

Company Name:

Name and position in the Company:

Tel number:

WORK RELATED REFERENCE B

Company Name:

Name and position in the Company:

Tel number: