



Authorisation to Release Information

Relating to: Commercial Cookery Apprenticeship
Food & Beverage Traineeship
Butchery Apprenticeship

I, _____
(your full name)

of _____
(your home address)

hereby authorise that any information relative to my academic history be released to my employer, Hospitality Group Training whilst I am in their employ. I agree that these documents will assist Hospitality Group Training in their efforts to understand my competencies to date as well as my required learning for the future.

I accept that a copy of these documents will be passed on to my host employer for consideration.

I agree that a photocopy of original documents in this instance will suffice.

Name : _____

Signed : _____

Witnessed : _____

Date : ____/____/____

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