

CHITTICK LODGE GERRINGONG

Self-Catered Kitchen Usage Authority:

This form is to be completed and returned before your stay or at the start of your stay.

Name of Group: _____

Dates of Stay: ___/___/___ to ___/___/___

Person appointed to manage the Kitchen with safe food handling practices:

Experience / qualifications of person appointed: (Please tick and complete as necessary).

Qualified Chef:

Holder of Safe Food Handling Certificate: Details _____

Other: _____

I _____ (being authorised to sign on behalf of the group named above) declare that the person named above will manage the kitchen for catering to the group named above in a manner that complies with **current food safety requirements**.

Signed: _____ Date ___/___/___

Please refer to the attached factsheet "Health & Hygiene requirements for Food Handlers"

Chittick Lodge Management Acceptance: _____

Chittick Lodge has agreed to allow the person named above to manage the Kitchen at Chittick Lodge for the purposes of catering to the Group named above.

Signed _____ Date ___/___/___