



STUDENT PLACEMENT ESTABLISHMENT FORM HOSPITALITY PRACTICE II

Student Name:
Student Number:
Student Email:
Student Cell:

Placement Establishment

Name: _____

Physical Address: _____

Contact Person

Name: _____

Position: _____

Tel number: _____

Email: _____

Will you be completing a rotational or specialised placement?

Rotational	Specialised
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If specialised, please indicate in which department: _____

Have you received and signed a contract of employment?

Yes	No
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Please indicate your contracted dates of employment: From _____ till _____

Please indicate your contracted remuneration as an intern: R _____

Your contract of employment must be submitted to Mrs A. Fick before commencement of your placement period to ensure that the establishment meets the criteria set out by IHT Hotel School for completion of Hospitality Practice II.

Student signature: _____ Date signed: _____