

WORK EXPERIENCE PROGRAMME

Project Information Form: *Hospitality and Food Services*

STUDENT: ID _____ NAME _____

COMPANY INFORMATION	
NAME _____	
WEBSITE _____	
ADDRESS _____	
CITY _____	COUNTRY _____
TELEPHONE _____	EMAIL _____
<input type="checkbox"/> RESTAURANT <input type="checkbox"/> HOTEL RESTAURANT <input type="checkbox"/> CATERING <input type="checkbox"/> PRIVATE BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/> _____	
CLASSIFICATION _____ (DIAMOND, MICHELIN STARS FOR HOSPITALITY PURPOSES)	
CONTACT INFORMATION	
NAME _____	POSITION _____
EMAIL _____	TELEPHONE _____
NAME, EXECUTIVE CHEF _____	

PROJECT DESCRIPTION <i>attach Work Plan</i>	
STUDENT POSITION IN THE COMPANY _____	
HOURS PER WEEK _____	STARTING DATE _____
PROJECT LENGTH _____	FINISHING DATE _____
PROJECT DESCRIPTION AND OBJECTIVE _____	

DUTIES _____	

REQUIRED COMPETENCES (software, languages, and special needs):	

_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
NAME AND SIGNATURE OF PERSON IN CHARGE	
POSITION _____	
DATE _____	COMPANY STAMP
PLEASE COMPLETE THIS FORM AND RETURN IT VIA EMAIL TO: International Office UDLAP	