

JOB DESCRIPTION

<i>Title:</i>	Catering Assistant
<i>Place of Work:</i>	Kitchen and Food Services Area under the control of Sodexo Limited.
<i>Scope and General Purpose:</i>	To ensure the prompt and efficient preparation and service of all meals to the company's standard and to the client's satisfaction and maintaining the cleanliness and hygiene of the Unit to the required standard.
<i>Hours of Work:</i>	As per staff rota or with variations in accordance with Contract of Employment.
<i>Responsible to:</i>	Catering Manager
<i>Liases with:</i>	Catering staff

KEY TASKS

1. To be totally responsible for the preparation and presentation of all meals service at the required times and to the required standard as detailed on the menu, ensuring quantities and portions are as per specification
2. To ensure that the Company and Statutory Regulations pertaining to the safe and hygienic operation of the kitchen areas are adhered to by all members of staff and visitors in the absence of management.
3. To assist the management when required with planning menus, rotas, orders, and receiving, checking and storing deliveries as requested. To complete the recipe on line planner and recipe cards for all main meals.
4. To assist in organising theme days / promotions
5. To ensure all work areas and surfaces areas clean and tidy as is practical at all times, especially at the end of the day/shift.
6. To take all necessary steps to ensure maximum security of the kitchen, store and office when on duty.

7. To assist with the cleaning down of the kitchen and premises as per cleaning rota
8. To assist the Management to monitor the performance of staff and provide training and coaching as necessary.
9. To carry out any reasonable request by management or client.
10. To be responsible for completing the temperature & delivery records

INFREQUENT DUTIES

1. To organise and prepare any special functions which may sometimes be outside of normal working hours.
2. To report and where possible take action about customer and client complaints or compliments.
3. To report and where possible take action for any incidents of accident, fire, loss, theft, damage, unfit food, or any other irregularities when on duty.
4. To attend meetings and training courses as may be necessary from time to time.

In Schools and Colleges with children and/or young persons on site:

Sodexo and the School/College are committed to safeguarding and promoting the welfare of children and applicants/employees must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Criminal Records Bureau.

It is the post holder's responsibility to promote and safeguard the welfare of children and young persons for whom s/he is responsible, or with whom s/he comes into contact. S/he will adhere to and ensure compliance with the school/college and Sodexo's Child Protection Policy Statement at all times.

If in the course of carrying out the duties of the post the post holder becomes aware of any actual or potential risk to the safety or welfare of children or young persons in the establishment, s/he must report any concerns to their line manager or to his/her superior immediately.

Print Name:	
Sign:	
Date:	

Establishment staff application form

Education (3 pages)

Position applied for

Position _____
_____ School / College

How did this position come to your notice?

- ☐ Job Centre
 ☐ Newspaper
☐ Recommendation By Whom
 ☐ Other Please Specify

Personal Details

Surname _____	Address _____
_____	_____
Title _____	_____
_____	_____
Forenames _____	Postcode _____
_____	Home Tel No. _____
National Insurance Number _____	Business Tel No _____
Place of Birth (Town & Country) _____	Emergency Contact Name & Address _____
_____	_____
	Tel No. _____

Rehabilitations of Offenders Act

Because of the nature of the work for which you are applying, this post is exempt from the provisions of section 4(2) of the Rehabilitations of Offenders Act 1974, by virtue of the Rehabilitations of Offenders Act 1974 (Exceptions) Order 1975 Applicants are therefore, not entitled to withhold information about convictions or cautions which for other purpose are 'spent' under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Company. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the orders applies.

Have you any criminal convictions / cautions ☐ Yes ☐ No

If Yes, Give details _____

Medical Details

Have you suffered or do you suffer from any medical conditions which would need to be considered when working in a food preparation environment (eg Salmonella)? ☐ Yes ☐ No

If	Yes,	Give	details _____

Secondary education details to be completed by all persons. Trade/professional education details to be completed by all those for whom it is applicable

Dates	Full Name and address of School or College	Examination subjects taken with results	Responsibilities held (Societies, teams, offices)
To			
From			
To			
From			

Employment Detail

List all employers (starting with your current employer going backwards.) Previous employers will not be approached without the applicant's permission.

If you have any periods of unemployment please state the reasons / what you were doing

Dates	Name & Address of Employer	Brief details of duties Position held	Wage / Salary	Reason for leaving
To				
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				
From				

Other details

What interested you in applying for this position?

What hobbies, pastimes do you have?

I certify that the information given on this is true in every respect and I understand that any relevant non-disclosure could lead to rejection or, if appointed, dismissal. I understand that if I am offered a position by the company my engagement will be subject to satisfactory references and CRB check and to my passing a medical examination if required. I confirm there is no reason why I should be deemed unsuitable to work unsupervised with Children.

Signed <hr style="border: none; border-top: 1px solid black;"/>	Dated <hr style="border: none; border-top: 1px solid black;"/>
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Please detach this section from

application

Equal Opportunities

We are an equal opportunities employer and the questions in this section are designed to ensure that we do not discriminate against any applicant and our policy of equal opportunities is implemented

For monitoring purposes only

What is your ethnic origin?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Black Other | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other | | |

What is your sex

- ☐ Male ☐ Female

What is your date of birth?

Do you have a disability within the meaning of the Disability Discrimination Act 1995 (this means any physical or mental impairment which has lasted or is expected to last at least twelve months and which substantially affects your ability to carry out normal day to day activities?)

- ☐ Yes ☐ No

If yes it would be helpful if you would list any practical steps which would put your application on equal footing with other candidates in the recruitment process, including the interview and any selection tests.

Your full name:

Please declare that you are an EU National or that you have the appropriate documentation which permits you to work in the UK (Please tick). We will be asking you to provide us with such documentation (Passport, work permit, letter from Home Office etc).

Please tick as appropriate:

<input type="checkbox"/>	I am an EU National and am entitled to work in the UK
<input type="checkbox"/>	I am not an EU National, I have documentation which allows me to work in the UK, and will present it to you should I be offered a position within Sodexo.
<input type="checkbox"/>	I am not an EU National and do not have a work permit or documentation allowing me permission to work in the UK.

Provide two references:

It is a condition of employment that all applicants provide references covering their two previous periods of employment. Where any applicant has either been self employed or has been continuously employed over the previous five years then for those periods not covered by employment, references from the Department of Work & Pensions will suffice. Applicants without any employment in the previous five years should provide the names, addresses and telephone numbers of those professional personal referees who we can contact for a reference (school head, college principal, etc).

Full Name & Title: (Mr, Mrs etc)			
Job Title of Referee:			
Company Name:			
Address & Postcode:			
Telephone No.:			
Position you held:			
Start Date:		Finish Date:	

Full Name & Title: (Mr, Mrs etc)			
Job Title of Referee:			
Company Name:			
Address & Postcode:			
Telephone No.:			
Position you held:			
Start Date:		Finish Date:	

I declare that the information given above is correct and I give consent for Sodexo to write to the above reference

Signed:.....Print Name:.....

Date:

Sodexo Education Services - Child Protection Statement

Because of the nature of the work for which you are applying, this post is exempt from the provisions 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act, and, in the event of employment, any failure to disclose such convictions will result in disciplinary action which will normally lead to dismissal, and may itself constitute a criminal offence. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

➤ HAVE YOU HAD ANY CRIMINAL CONVICTIONS? ☐ Yes ☐ No

If Yes, please provide details:

Sodexo is committed to safeguarding and promoting the welfare of children and applicants/employees must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Criminal Records Bureau.

It is the post holder's responsibility to promote and safeguard the welfare of children and young persons for whom s/he is responsible, or with whom s/he comes into contact. S/he will adhere to and ensure compliance with Sodexo's Child Protection Policy Statement at all times.

If in the course of carrying out the duties of the post the post holder becomes aware of any actual or potential risk to the safety or welfare of children or young persons in the establishment, s/he must report any concerns to their line manager or to his/her superior immediately.

To show that you have read and understood this statement you are required to sign, print and date below, and then return one copy to your Line Manager. The other copy is for your records.

I have read and understood the above policy and declare that the information that I have given in relation to criminal convictions is true and accurate.

Signed: _____

Print Name: _____

Date: _____

Employment health questionnaire

Position:

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Personal

Establishment:		Present post:	
Surname:		For how long:	
First Name:		Doctor's Name:	
Home Address:		Doctors Address:	
Post Code:		Post code:	
Telephone:	Date of Birth:	Telephone:	

Have you ever suffered from any of the following?

Please provide details continuing, if necessary on a separate sheet.

1. Any skin disease(s)
2. Discharge or infection of the ears or hearing defect
3. Asthma or hay fever of sufficient severity to require time off work (or school)
4. Any allergies including sensitivity to antibiotics or other drugs
5. Recurrent sore throats or sinusitis
6. Bronchitis or pneumonia
7. Tuberculosis
8. Heart disease or high blood pressure
9. Headache or migraine requiring time off work (or school)
10. Fits, blackouts or epilepsy
11. Depression, nervous breakdown or mental illness; psychiatric treatment, including anorexia
12. Backache or sciatica requiring time off work (or school)
13. Rupture, varicose veins or foot ailments
14. Indigestion or stomach pain requiring time off work (or school)
15. Kidney or bladder infection
16. Eye disease, injury or significant defect of vision not corrected by spectacles
17. Diabetes
18. Serious injury or operation. Have you ever been admitted to hospital if yes give details below

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. Do you suffer from any defect or disability not included in the above? If yes give details below. ☐ Yes ☐ No

20. Roughly how many days have you had off work (or school) for illness over the past Two years? Briefly state reason(s): ☐ Yes ☐ No

21. Are you regularly receiving injections, pills, tablets or medicines from a doctor (other than contraception)?
If yes give details below.☐ Yes ☐ No

22. Please record the last date (if known) that you received immunisation for:

Tetanus	Date
Poliomyelitis	Date
Rubella (German Measles)	Date
Hepatitis B	Date
BCG	Date
Date of last chest X-ray	Date

For Catering and Food Handlers:

Have you ever suffered from any of the following?

Typhoid, Paratyphoid or Enteric fevers?

☐ Yes ☐ No

Food Poisoning?

☐ Yes ☐ No

Dysentery?

☐ Yes ☐ No

Persistent diarrhoea or infection of the bowels?

☐ Yes ☐ No

Tuberculosis?

☐ Yes ☐ No

Tropical Disease?

☐ Yes ☐ No

Have you suffered from any of the following within the past two years?

Chronic bronchitis?

☐ Yes ☐ No

Diarrhoea and/or vomiting for more than two days?

☐ Yes ☐ No

Skin rash or skin disease?

☐ Yes ☐ No

Recurrent boils/septic fingers?

☐ Yes ☐ No

Discharge from ear?

☐ Yes ☐ No

Discharge from eye?

☐ Yes ☐ No

Discharge from nose?

☐ Yes ☐ No

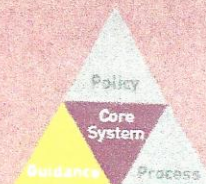
When was the last time you went abroad and location?

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I UNDERSTAND AND ACKNOWLEDGE THAT SHOULD I KNOWINGLY MAKE A FALSE STATEMENT REGARDING MY MEDICAL HISTORY EITHER IN ANSWERING THE ABOVE QUESTIONS OR TO ANY MEDICAL EXAMINER, OR SHOULD I CONCEAL WILLFULLY ANY MEDICAL FACT, I WILL, IF ENGAGED, BE LIABLE TO HAVE MY CONTRACT TERMINATED. IN THE EVENT OF ANY HEALTH QUERIES I CONSENT TO MY DOCTOR SUPPLYING RELEVANT INFORMATION TO THE MEDICAL EXAMINER.

Signed:	Date:
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Safety Management System



PRE-EMPLOYMENT FOOD SAFETY QUESTIONNAIRE

To be completed by all food-handling staff on appointment and retained in their personnel file

Name:

Unit:

Job Title:

At present, or in the last seven days, are you suffering from:

i) diarrhoea and/or vomiting?

Yes/No

ii) Stomach pain, nausea or fever?

Yes/No

At present, are you suffering from:

i) skin infections of the hands, arms or face. E.g. boils, styes, septic fingers, discharge from eye/ear/gum/mouth.

Yes/No

ii) jaundice

Yes/No

Do you suffer from:

i) a recurring bowel disorder?

Yes/No

ii) recurring infections to the skin, ear or throat?

Yes/No

Have you ever had typhoid or paratyphoid fever or are you now know to be a carrier of Salmonella Typhi or Paratyphi

Yes/No

Are you a carrier of any type of Salmonella?

Yes/No

In the last 21 days have you had contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?

Yes/No

Any 'YES' answer will require an assessment of your suitability to work as a food handler. Your line manager must contact Safeguard for further advice.

I declare that the statements above are true and completed to the best of my knowledge. I understand that it is a disciplinary offence to give false information to the above questions and that I could make myself liable if an incident arises as a result of any such false statement.

Employee's Signature:

Date:

Name (in capitals):

Job Title:

Name of manager issuing document:

Managers Signature:

Date: