

Employer Support Document

To Culinary India Office

From

Please insert full name

I am the Nominated representative of

Business Name and/or Trading Name

located at

Address

State

Post Code

I have read the terms and conditions relevant to employer support and fully support

Name of Applicant

I understand that there is training, development & meeting requirements & will receive notification with regards to requirements of the above applicant

I further understand that there are some required days off work (*it is envisaged through applicant's annual leave entitlement*) and will support the time dedicated for my employee to represent India on the world stage if successful with their application

Signed

Date

Phone

