



**MINISTRY OF HIGHER AND TERTIARY EDUCATION
SCIENCE AND TECHNOLOGY DEVELOPMENT
SCHOOL OF HOSPITALITY AND TOURISM
ZIMBABWE**



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**ON THE JOB TRAINING
ATTACHMENT LOG BOOK**

COURSE: NATIONAL DIPLOMA IN TOURISM AND HOSPITALITY MGT

NAME OF TRAINEE:

DURATION:

INSTITUTION: School Of Hospitality and Tourism

Correspondence: The Director
Att: Training Manager
School Of Hospitality and Tourism
P.O. Box AC 410
Ascot
Bulawayo

TRAINEE INFORMATION

NAME: _____

COURSE: _____

DATE OF BIRTH: _____

ID NUMBER: _____ GENDER: _____

CANDIDATE NO.: _____

HOME ADDRESS: _____

PHONE: _____ E-MAIL: _____

NEXT OF KIN

NAME: _____

RELATIONSHIP: _____

CONTACT ADDRESS: _____

PHONE: _____ CELL: _____

E-MAIL: _____ FAX: _____



SCHOOL OF HOSPITALITY AND TOURISM

COURSE TUTOR: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

On the job training period: From _____ To: _____

PREAMBLE

The Ministry of Higher and Tertiary Education Science and Technology Development through all Institutions shall issue this log book to trainees on the first day of commencement of on the job training. It shall be filled daily by the trainee, every two weeks by the trainee’s supervisor where he/she is attached and every four months by a representative from an Institution herein called the training officer or coordinator.

The log book shall guide both the trainee and the employer as to what aspects of the training have to be covered.

The logbook remains the property of the School of Hospitality and Tourism and the trainee shall be responsible for the safe keeping during attachment.

Signed.....

Director

GUIDELINES TO THE EMPLOYER/SUPERVISOR

The following are guidelines for the benefit of the employer supervisor where a trainee is undergoing on the job training.

1. The trainee is expected to work as much as possible under the supervision of a skilled worker.
2. The trainee should be placed in the normal operations of the organisation and afforded the opportunity where possible to acquire individual experience.
3. The employer to give the trainee guidance and assess his/her performance as closely and as accurately as possible.
4. The employer is expected to complete the objective assessment of the trainee in his/her log book once every two weeks for record.
5. The employer is expected to use the task table. These are in no way conclusive and extra tasks/skills can be taught to the trainee.
6. Trainees who do not abide by the code of conduct (appendix 1) would be subjected to a disciplinary process.

GUIDELINES TO TRAINEE

This logbook forms an important record of your college studies and practical training. It serves as a means of assessing your performance.

For your assessment:

1. Fill in the log book daily.
2. Record all work done as accurately as possible
3. Ensure that you present your log book to your supervisor regularly for confirmation and signature
4. Read and understand the code of conduct. Failure to abide by it will lead to disciplinary action being taken against you, which may lead to withdrawal from the course.

TASKS TO BE CARRIED OUT DURING ON THE JOB TRAINING

AREAS TO BE COVERED

Area	Duration
1. Housekeeping	1 month
2. Front Office <ul style="list-style-type: none">• Reservation• Front Desk• Concierge• Night Auditor• Switchboard	3 months
3. Sales and Marketing	1 month
4. Accounts	1 month
5. Maintenance	1 month
6. Kitchen	2 months
7. Food Service	2 months
8. Functions	1 month

RECORD OF WORK DONE

MONTH.....

HOUSEKEEPING

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

ACCOUNTS

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: HOUSEKEEPING

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

.....

Manager's Comment:.....

.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: ACCOUNTS

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

FRONT OFFICE RESERVATIONS

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

FRONT OFFICE-FRONT DESK

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: RESERVATIONS

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: FRONT DESK

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

FRONT OFFICE-CONCIERGE

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

FRONT OFFICE-NIGHT AUDITOR

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: CONCIERGE

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: NIGHT AUDIT

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

SALES AND MARKETING

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

FUNCTIONS

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: SALES AND MARKETING

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: FUNCTIONS

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

MAINTENANCE

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

KITCHEN

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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.....

Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: MAINTENANCE

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: KITCHEN

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

KITCHEN

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

KITCHEN

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: KITCHEN

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: KITCHEN

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

RECORD OF WORK DONE

MONTH.....

FOOD SERVICE

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

RECORD OF WORK DONE

MONTH.....

FOOD SERVICE

DAY/DATE	DESCRIPTION OF WORK DONE	TRAINEE'S COMMENTS
Week 1		
Week 2		
Week 3		
Week 4		

Supervisor's Comments:

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Trainee's Signature:..... Date:

Supervisor's Signature:..... Date:

Lecturer's Signature..... Date:

DEPARTMENT ASSESSMENT FORM

DEPARTMENT: FOOD SERVICE

DATE FROM:..... TO:.....

GRADING	1	2	3	4	5	6	7	8	9	10
Punctuality										
Skills										
Personality										
Hygiene										
Accuracy										
Quality of output										
Observance of safety										
Product knowledge										
Proper use of equipment										
Economic use of materials										

Where 1 is Poor and 10 is Excellent

Performance:.....

Overall

comment:.....

Manager's Comment:.....

Manager signed:..... Trainee signed:.....

MINISTRY OF HIGHER AND TERTIARY EDUCATION
CODE OF CONDUCT FOR TRAINEE ON ON-THE –JOD-TRAINING

Tec.Voc Education training involves the relevant theory in class and relevant practical and, or work experience activities. Work attachment provides the trainee with an opportunity to work in a real work environment for the trade. This enables the student to acquire and apply the requisite trade skills in a realistic work/production environment.

During work attachment, the trainees (students) are expected to conduct themselves in an exemplary and respectable manner in which is compatible with both the college and the company culture. The following are guidelines on the conduct expected of the trainees while on work attachment:

1. During on-the-job training the trainee will report at the company for the same number of days and hours per day, as the personnel working in the same trade in that company.
2. Once attached, trainees are not allowed to move from one company to another without the express permission of the co-ordinator of the parent institution.
3. No trainee is allowed to ask for any remuneration or favours from the company and the company is not obliged to pay anything to the trainee.
4. The trainee's co-ordinator and the company's attachment controller or training officer shall be informed by the trainee, of the reasons for any absence from duty within 24 hours of the absence.
5. Should a trainee be absent from the company for periods longer than 3 days due to sickness or any other acceptable reason, a medical certificate (signed by a qualified medical practitioner) or a written submission by the trainee, on the reasons of absence, shall be sent to the company's attachment controller or training officer. The student should send a copy of the same reasons to the institution.
6. The trainee is expected to maintain a high standard of time keeping and must be punctual at all times.
7. The trainee should take care of, economically and correctly use all company property, tools, resources and equipment and should ensure that any items borrowed from the company's stores are returned within the required time.
8. Trainees should not smoke during working hours in the workshop or other work places. However, they may do so in those places set aside for smoking by the company (where they are available).
9. Trainees should not drink alcoholic beverages or take dangerous drugs during working hours, including lunch and other breaks. If the student is on prescribed medication, which is likely to impair her/his judgement, the student should inform his/her supervisor.

10. Any company information concerning manufacturing processes, products, costing and financial results and other activities obtained by the trainee during on the job training shall be regarded as confidential. The information should not be passed to other people in any form, without the express permission of the company's management.
11. The trainees are expected to comply with all company work procedures and safety regulations throughout their on the job training.
12. Trainees shall comply with all reasonable requests and orders by the company's supervisors and management staff. Should it be felt (by the trainees) that the order or request seems unreasonable guidance should be obtained from the appropriate institute's co-ordinator.
13. At all times within the best of his/her ability, experience and training, the trainee shall work to the standard of quality, accuracy and time specified by the supervisors.
14. The trainee is expected at all times to act as an ambassador for polytechnic and ministry and to behave in an acceptable manner, both professionally and socially.
15. The trainee is expected to follow the company's channel of communication if the need to do so arises. All communication with the institution must be channelled through the co-ordinator.
16. Any behaviour or conduct likely to bring disrepute and disrespect to the polytechnic or to the government may lead to appropriate disciplinary action being taken against the trainee.
17. A trainee who is dismissed from the company for misconduct may be with drawn from the course.
18. Any trainee found guilty of violation, or failure to observe, the above code of conduct may have disciplinary action taken against him/her ranging from suspension to withdrawal.
19. Any student expelled from attachment is deemed to be expelled from the College as well.

I..... (Name in full)
 Have read and fully understood the above code of conduct and promise to abide by it during my
 period of on the job training.

Signed: this day of

Supervisor:
 Name Signature Date

Witness:
 Name Signature Date

PLEASE CONFIRM THAT THIS STUDENT WAS AT YOUR ORGANISATION

PERIOD..... TO.....

SIGNED

HR/GM/REPRESENTATIVE.....

