

TRAINEE ASSESSMENT

Name : _____
H/P number : _____
E-mail : _____

1. Are you working in food industry?

Yes No (Stated: _____)

2. Food Industry Types

Food Manufacturing / Central Kitchen / Catering (individual meal)
 Mass Catering / Catering (bulk) /Hotel / Chain Restaurant
 Café / Restaurant / Food Court / Kiosk / Food Truck
 Homebase
 Other : _____

3. Role/ position ?

QA/R&D / Technical / Production
 Owner / Management
 Other : _____

4. Work experience (years)

0-3 years
 4 years and above

5. Qualification – Relevance ?

Yes (Food Science / Food Technology related field)
 No (State: _____)

6. Academic Qualification

PHD / Master
 Degree / Diploma
 Other : _____

7. Why do you want to join this qualification?

8. What do you expect after attended this qualification?
