

**Expression of interest in participating in the work of the**

**Qualification Support Team (QST) for**

**Hospitality**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Centre:** |  | | | |
| **Telephone:** |  | | | |
| **Email Address:** |  | | | |
| **Please state what qualifications/units and the levels that you are currently involved in delivering?** | | | | |
|  | | | **✓** | **Levels:** |
| NPA Hospitality | | |  |  |
| NC Hospitality Operations | | |  |  |
| Award in Barista Skills | | |  |  |
| HNC Hospitality Operations | | |  |  |
| HND Hospitality Management | | |  |  |
| PDA Hospitality | | |  |  |
| Specific Units | | |  | |
| **Please provide a brief supporting statement detailing relevant qualifications and industry experience.** | | | | |
|  | | | | |
| **Are you interested in being the chairperson for the Hospitality QST? If yes, please provide a brief statement on the experience/skills you have for this role.** | | | | |
|  | | | | |
| **Please give the name and email address of the person who has given approval for you to join the QST:** | | | | |
| **Name:** | |  | | |
| **Email Address:** | |  | | |
| **Date Submitted:** | |  | | |

Please email completed forms to:

[carol.mcevoy@sqa.org.uk](mailto:carol.mcevoy@sqa.org.uk) by ***Wednesday 25th November 2020***