

WITNESS TESTIMONY

WORLDCHEFS CERTIFIED SOUS CHEF



The holder of this badge is a professional chef with experience in supervising kitchen operations. As part of their role, this individual is responsible either for managing a team of chefs de partie or for contributing to managing an entire food service operation, under the direction of a chef de cuisine or executive chef.

APPLICANT NAME	
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WITNESS GUIDANCE
 The above named applicant has chosen you to be a WITNESS to support their application for the WORLDCHEFS GLOBAL CULINARY CERTIFICATION at the level shown above.

To be the applicant's witness, you need to meet the following WITNESS ELIGIBILITY REQUIREMENTS:

- Be the applicant's line manager or hold a position senior level to the applicant
- Have a background within the culinary/hospitality industry
- Have directly observed the applicant's practices in the workplace.

AS A WITNESS, YOU ARE ASKED TO CONFIRM THAT THE APPLICANT HAS DEMONSTRATED THE SKILLS STATED ON THE NEXT PAGE.

PLEASE ONLY COMPLETE THIS FORM IF YOU FEEL THE APPLICANT MEETS THE REQUIREMENTS STATED.

ABOUT THE WITNESS

Your name	
Your position	
Your email address	
Your telephone number	
How long have you worked with the applicant?	

COUNTER SIGNATORY GUIDANCE
 The above named applicant has applied for the WORLDCHEFS GLOBAL CULINARY CERTIFICATION at the level shown above.

The application requires this form to be signed off by a COUNTER SIGNATORY who may be the GENERAL MANAGER (or equivalent) or the HR MANAGER of the establishment.

AS A COUNTER SIGNATORY, YOU ARE ASKED TO CONFIRM THAT THIS FORM HAS BEEN COMPLETED BY A WITNESS WHO MEETS THE WITNESS ELIGIBILITY REQUIREMENTS (see above).

ABOUT THE COUNTER SIGNATORY

Your name	
Your position	
Your email address	
Your telephone number	

WITNESS INSTRUCTIONS

1. In the table below, place your initials before each statement to confirm that you agree with the statement.
2. At the bottom of the page, write your name and the date when you completed the form.
3. Ask the COUNTER SIGNATORY to complete the form, too.
4. For more information on the skills listed, please visit: <https://www.worldchefs.org/globalcertification>

I CONFIRM THAT THE APPLICANT NAMED ON THIS FORM CONSISTENTLY DISPLAYS THE FOLLOWING SKILLS:	
YOUR INITIALS	
	(C1) Provide guest service
	(C2) Set and monitor goals and targets
	(C3) Supervise a team to deliver service standards
	(C4) Solve problems and deal with pressure in own area of responsibility
	(C5) Contribute to the recruitment of staff
	(C6) Train and coach team under own supervision
	(C7) Contribute to planning and managing resources, within budget
	(C8) Identify sustainable practices in the kitchen
	(R1) Demonstrate an understanding of own role, in the context kitchen operations
	(R2) Work with line manager to deliver food and food service which meets establishment standards
	(R3) Work across different departments effectively to deliver food and food service which meets guest needs
	(R4) Ensure that the principles of food safety are applied in own team
	(R5) Coordinate the work of sections under supervision to produce dishes to establishment standards
	(R6) Produce and present dishes, using standardised recipes
	(R7) Demonstrate a working knowledge of legislation and health and safety requirements which relate to own team
	(R8) Demonstrate a working knowledge and safe use of technology used in the kitchen appropriate to the role

WITNESS DECLARATION

I confirm I meet the witness eligibility requirements listed under WITNESS GUIDANCE (page 1) and have given consent for my contact details to be included in this application.

I understand that I may be contacted by Worldchefs or City & Guilds, as part of the quality assurance process, to verify the content of this witness testimony.

Your name (IN BLOCK CAPITALS)	
Date of completion	

COUNTER SIGNATORY DECLARATION

I confirm that this form has been completed by a WITNESS who meets the witness eligibility requirements. I have given consent for my contact details to be included in this application.

I understand that I may be contacted by Worldchefs or City & Guilds, as part of the quality assurance process, to verify the content of this witness testimony.

Your name (IN BLOCK CAPITALS)	
Date of completion	