# **Macintosh HD:Users:nigelanastasi:Desktop:dots-01.pngCatering Capacity Building Scheme**

 Application Form





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| --- | --- | --- | --- | --- | --- |
| **For Office Use Only:** |   |   |   |   |   |
| Reference Number |   |   |   |   |   |
|   |   |   |   |   |   |   |
| Date Received by Corporation |   |   |   |   |
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|   |   |   |   |   |   |   |
| Complete Application |  |   |   |   |
|   |   |   |   |   |

**Notes to Applicants**

This form is to be used by eligible undertakings that wish to benefit from the Catering Capacity Building Scheme.

The Application Form and any attached documents will be treated in confidence.

All replies must be clearly explained and substantiated.

Only electronically filled in applications forms will be accepted. Should the application be hand-written or should the form of the application form be altered, the application form will not be evaluated.

All applications must be submitted to Malta Enterprise Corporation on ccb@maltaenterprise.com

Further information, as well as information and guidance on the filling in of the application form may be obtained by contacting Business First at Malta Enterprise during office hour on 144.

Undertakings seeking support through this scheme must be engaged in catering activities as per Incentive Guidelines.

Applications should reach Malta Enterprise by not later than **31st December 2018.**

Malta Enterprise may request further information to support its decision for approval.

1. **Applicant Details**
2. Registered Name of Catering Establishment:

1. Registered Address:

1. Legal Form of Applicant

Choose an item.

1. Registration / Identification No:

1. VAT Number:

1. Operator Name and Surname (if any):

1. Web Address:

1. **Details of chef being proposed**
	1. Name:

* 1. Surname:

* 1. Nationality:

* 1. Identity Card/Passport Number:

* 1. Name of originating establishment:

* 1. Registered address of originating establishment:

* 1. Originating establishment awards & accolades:

* 1. Contact number:

* 1. Experience (tick were appropriate)

□ A minimum qualification in equivalence to a MQF Level 5 in the culinary arts or

 equivalent, and a minimum of three (3) years experience in respected restaurant

 guide.

OR

 □ A scholarship or certification awarded from an Industry-recognised schools or

 scholarships such as: Roux Scholarship; Le Cordon Bleu; Institute Paul Bocuse, The

 International School of Italian Cuisine (ALMA), Culinary institute of America (CIA), as

 well as from chefs with accolades from Bocuse d’Or, Royal Academy of Culinary Arts

amongst others and at least 3 years experience in a respected restaurant guide as

Executive Sous Chef, Sous Chef, Executive Head Chef and Head Chef or equivalent.

OR

□ A minimum of six (6) years experience working as a senior chef in a hotel, stand

 alone restaurant, franchise group or a group of restaurants; including contract

 catering or in a respected restaurant guide.

1. **Project Details**

3.1 Issue to address:

3.2 Objective:

3.3Methodology

3.4 Issue to address:

3.5 Objective:

3.6 Methodology

3.7 Engagement Period:

1. Start Date
2. End Date
3. Number of Visits to Malta

1. Total number of Days in Malta
2. Amount of assistance being requested in line with Section 5 of the Incentive Guidelines

 €

1. **Single Undertaking Details**

Does the applicant undertaking have at least one (1) of the following relationships with another undertaking?

1. one undertaking has a majority of the shareholders’ or members’ voting rights in another undertaking.

Choose an item.

1. one undertaking has the right to appoint or remove a majority of the members of the administrative, management or supervisory body of another undertaking.

Choose an item.

1. one undertaking has the right to exercise a dominant influence over another undertaking pursuant to a contract entered into with that undertaking or to a provision in its memorandum or articles of association.

Choose an item.

1. one undertaking, which is a shareholder in or member of another undertaking, controls alone, pursuant to an agreement with other shareholders in or members of that undertaking, a majority of shareholders’ or members’ voting rights in that undertaking.

Choose an item.

If you replied 'yes' to one or more of the above, complete the table below with details of all undertakings falling under the definitions of single undertaking.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Undertaking** | **No. of Full Time employees engaged for year 2015** | **No. of Full Time employees engaged for year 2016** | **Turnover Amount € (2015)** | **Turnover Amount € (2014)** | **Balance Sheet Amount € (2015)** | **Balance Sheet Amount € (2016)** |
|       |       |       |       |       |       |       |
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1. **Check List**

**The Applicant is requested to provide the Corporation with the below documentation to support the application form. Incomplete application will be rejected.**

**Annex I: *De Minimis* Declaration Form**

**Annex II: Malta Tourism Authority, Food Safety Commission and Environment Health Directorate Obligations**

□ 1. Malta Tourism Authority License Certificate

□ 2. Food Safety Commission Certificate

□ 3. Environment Health Directorate Certificate

 **Annex III: Chef’s Qualifications (as applicable as per Section 3 of the Incentive Guidelines)**

□ A copy of the qualification certificate equivalent to a MQF Level 5 in the culinary arts or equivalent,

□ Copy of relevant section of the restaurant guides in which chef is listed .

□ Copy of the scholarship or certification awarded from an Industry-recognised schools or scholarships.

**Annex IV: Chef’s CV**

□ Curriculum Vitae

1. **Declarations**
	1. **Personal Data Protection**

# Personal information provided in this form will be processed in accordance with the Data Protection Act, Cap 440 of the Laws of Malta and shall be treated in the strictest confidence.

# Information provided in this form will be processed by Malta Enterprise to assess the applicant’s eligibility, for the approval or otherwise of assistance under this scheme, for monitoring implementation of aid granted.

# The undersigned consents Malta Enterprise to share information provided in this application with Government Entities or the European Commission where this is strictly necessary for the proper administration of this incentive or where legally required.

# The undersigned hereby authorises Malta Enterprise Corporation to process the data contained in this form for the purpose stated above and declare that the information on this form and any other supporting documents given with this application is correct to the best of the undersigned’s knowledge.

**6.2 Cumulation of Aid**

The undersigned declares that aid approved under this incentive is in line with the terms and conditions set out in the Incentive Guidelines and in line with Cumulation Article 8 of the Commission Regulation (EU) No 651/2014 of 17 June 2014 declaring certain categories of aid compatible with the internal market in application of Articles 107 and 108 of the Treaty.

**6.3 Double Funding**

The undersigned confirms that there has not been any approval or has been granted any public funding, financing or fiscal benefit in respect to the cost items included in this request for aid and will not seek funding or fiscal benefits for these cost items through other **National** and/or **European Union** measures. Such measures may include:

* Schemes administered by Malta Enterprise, the Planning and Priorities’ Coordination Division (PPCD), the Measure and Support Division, the Tourism and Sustainable Development Unit (TSDU), Jobsplus, the Malta Council for Science & Technology (MCST), the Regulator for Energy and Water Services (REWS) and government funded schemes operated by other entities (such as JAMIE financial instrument).
* Schemes funded through ERDF, ESF, Cohesion Fund, TEN-T Budget, EAFRD, EFF, LIFE+; Horizon 2020 and other European Union programmes/instruments.

**6.4 Outstanding Recovery Order**

The undersigned confirms that the applicant is not subject to an outstanding recovery order following a previous Commission decision declaring an aid illegal and incompatible with the internal market should be excluded from the scope of this Regulation.

1. **Signatures**

Name of Applicant (full legal name)

Name and Surname of signatory

authorised to represent the Applicant

(CAPITAL LETTERS)

Position in Establishment

Signature & Company stamp

Date

Click here to enter a date.