

STAFF TRAINING ALCOHOL SALES

MEMBER OF STAFF:

DATE OF BIRTH:

POSITION IN COMPANY:

DATE OF TRAINING/UPDATE:

I HAVE BEEN TRAINED IN THE FOLLOWING AREAS :

UNDERAGE SALES

CONSEQUENCES OF UNDERAGE SALES

LICENSING HOURS

PROXY SALES

DRUNKS PURCHASING

STREET DRINKERS

GROUP PURCHASES

REFUSAL REGISTER

INCIDENT BOOK

I REALISE THAT IF I do not act at all times within company policy then it will be considered gross misconduct for which I could face instant dismissal.

DATE OF TRAINING

NAME OF STAFF

DATE

SIGNED

NAME OF PREMISES

ADDRESS OF PREMISES

MANAGER OF PREMISES

I (DPS) _____ BEING THE DESIGNATED PREMISES SUPERVISOR OF THE SHOP HEREBY AUTHORIZE THE FOLLOWING MEMBER OF STAFF TO RETAIL ALCOHOL AT ALL TIMES OF LICENSABLE HOURS INCLUDING DURING ANY PERIOD OF MY ABSENCE

NAME OF STAFF MEMBER

POSITION

DATE

SIGNED (DPS)

I _____ (STAFF MEMBER) CONFIRM THAT I HAVE BEEN AUTHORIZED TO RETAIL ALCOHOL AT THESE PREMISES AT ALL TIMES DURING LICENSABLE HOURS INCLUDING ANY DPS ABSENCE AND HAVE BEEN TRAINED IN THOSE SALES AS REGARDS I.D. PROCEDURE AND ALL OTHER RELEVANT MATTERS.

SIGNED(STAFF MEMBER)

NAME

DATE.