



Hospitality Services  
by *sodexo*

## Queen's Hospitality Services Mystery Shopper Program

Queen's Hospitality Services appreciates your interest in becoming one of our Mystery Shoppers for the 2016/17 school year.

In order for all evaluations to be trustworthy and unbiased, it is important for each Mystery Shopper be objective and consistent during each shopping evaluation. Please undergo the same demeanor, ask the same product questions and be as objective as possible between each location.

A great deal can be determined about our services to students, staff and faculty through a simple shopping experience. Mystery Shopper evaluations ultimately help us make important decisions about products, services and future planning.

After each shop is completed, the Mystery Shopper will relay their experience to Queen's Hospitality Services through a detailed report. Relaying the correct information to Hospitality Services is almost as important as the shop itself, and mystery shoppers must do their best to accurately relay information about their experience efficiently and without bias.

There are several categories that may be included in a Mystery Shop evaluation. The following is a list of common areas that could be evaluated as a part of the mystery shopper's experience. Each evaluation should take no more than 30 minutes to complete:

- Was the venue clean and attractive?
- Was the menu clear and easy to follow?
- Were the counters clear and shelves well stocked?
- Were greeted promptly and in a friendly manner?

Locations, as well as specific meal periods, will be assigned at the time of hire. Each Mystery Shopper will be required to return no more than five (5) evaluations. Evaluations will be required to be returned to Queen's Hospitality Services within seven (7) days of the scheduled visit.

**Payment will be redeemed in the form of \$100 Flex \$, less your expenses.**

## Queen's Hospitality Services Mystery Shopper Application

Full Name: \_\_\_\_\_

Faculty/Department (if applicable): \_\_\_\_\_

Student Year (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Local Telephone Number: \_\_\_\_\_

In 150 words or less, please provide a detailed response to the following questions:

Why are you interested in participating in the Mystery Shopper program with Queen's Hospitality Services?

Please return your Application and signed Agreement to Jenn Pete, Associate Director Housing & Ancillary Services, via email [dineshop@queensu.ca](mailto:dineshop@queensu.ca) or by dropping it off to the Hospitality Services office located in Victoria Hall, Room E022.

## **Queen's Hospitality Services Mystery Confidentiality Agreement**

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential between Queen's Hospitality Services and \_\_\_\_\_ (name) to ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:

*Invention description(s), technical and business information relating to proprietary ideas and inventions, ideas, patentable ideas, trade secrets, drawings and/or illustrations, patent searches, existing and/or contemplated products and services, research and development, production, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.*

2. This Agreement states the entire agreement between the above two parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by both parties.

**WHEREFORE**, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

### **Recipient of Confidential Information:**

Full Name (Print or Type): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_