



Application Form

Safer Food Better Business Seminar

Environmental Regulation Service, Plymouth City Council

SEMINAR DATES		Ref No:	
Please tick (✓) to select first and second choice of dates below			
Spaces are limited to one place per Business			
Date	Time	1 st Choice	2 nd Choice
All seminars are held at Carmel Church, St. Levan Road, Keyham, Plymouth.			
PERSONAL DETAILS			
Name of Delegate:	Mr/Mrs/Ms/Miss		
Age:	<21 <input type="checkbox"/>	21 – 40 <input type="checkbox"/>	40+ <input type="checkbox"/>
First Language:	Second Language:		
Job Title:			
Name of Business and Address:			
Post Code:		Tel No:	
Correspondence address if different to above:			
E Mail Address:			
Which of the following would best describe your position at work:			
Proprietor <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Chef/Cook <input type="checkbox"/> Other <input type="checkbox"/> (please state):			
How long have you worked in the food industry?			
Which of the following would best describe your business:			
Care home/nursery <input type="checkbox"/>	Café/Restaurant <input type="checkbox"/>	Takeaway <input type="checkbox"/>	
School/college <input type="checkbox"/>	Hotel/Guest House <input type="checkbox"/>	Pub/Club <input type="checkbox"/>	
Staff Canteen <input type="checkbox"/>	Mobile Food Unit <input type="checkbox"/>	Retail <input type="checkbox"/>	
Home Caterer/delivery <input type="checkbox"/>	Other <input type="checkbox"/> (Please State):		
Average number of covers/customers per week:			
Approximately how many Food Handlers are there in your premises?:			

Have you received any Food Hygiene Training?:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, which of the following did you attend:			
Course	Date Attended		
In-house Induction Course			
Foundation(Basic) Food Hygiene or equivalent			
Intermediate Food Hygiene or equivalent			
Advanced Food Hygiene or equivalent			
Any training in Hazard Analysis (please specify)			
Catering Qualifications (please specify)			

DISABILITIES AND LEARNING DIFFICULTIES

If you have any learning difficulty or disability we will endeavour to provide additional support if required (all details will be confidential). Please specify below:

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Medical Condition (please specify) |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Mobility Difficulties | <input type="checkbox"/> Other learning difficulties (please specify) |
| <input type="checkbox"/> Mental ill Health | |

BOOKING CONDITIONS:

- The submission of this booking form constitutes a firm booking.
- **Cancellations/Non-attendance:** Due to the costs incurred in providing the seminars, you will be charged £25 if you fail to cancel your place or fail to attend. Cancellations must be made at least 7 days prior to the seminar.
- **Confirmation:** If you have not received confirmation of your booking 7 days before the course, please contact us to make sure that a place has been reserved for you.
- **Documentation:** Course documentation can only be provided to those who book to attend the course
- **Changes to the programme:** We reserve the right to make changes, including cancellations, to any course without prior notification.
- **Personal Belongings:** We cannot be held liable for any personal belongings left at any course venue.
- **Data Protection:** Any information given may be retained on computer or in our records. It will be used by the Council for the specific purposes for which it was collected and any other relevant Council purposes including Government anti fraud data matching – especially Benefits, Council Tax, NNDR, Housing, Salaries, Employment, Pensions and Members' Allowances. It will not be exchanged or sold to any third party. Anonymous information may be used for statistical purposes.

I have signed below to confirm that I have read and agree to the above booking conditions

Name:

Signature:

Date:

To book a place on this course please fill in this form, detach and send or fax to:

Sarah Clace

Environmental Regulation Service

Civic Centre

Plymouth

PL1 2EW

Phone: (01752) 304532 Fax: (01752) 226314

Email: environmental.regulation@plymouth.gov.uk

For further information please visit our website on www.plymouth.gov.uk/sfbb