



Food Industry Training

Application Form

Please complete using BLOCK CAPITALS and black ink.

Use one form for each applicant. If you wish to apply for more than two courses, please photocopy this form.

First name: Last name: Male / Female* (*Delete as appropriate)

Home Address:

..... Postcode:

Daytime tel. number: Mobile:

E-mail: Date of birth:

Company name: Job title:

Company Address:

..... P.O. No. (if applicable)

Course(s) applied for:

Title: Code: Date:

Related experience/qualifications

Title: Code: Date:

Related experience/qualifications

Signed: **Date:**

Have you previously attended a course provided by CAFRE? **Yes / No*** (*Delete as appropriate)

If yes, please provide details:

.....



Special needs

As we want you to get the maximum benefit from your training and development, please use the space below to provide us with details, prior to training, of any special needs (including food allergies) that you may have:

Data protection

The personal information provided by you will be held on a database by DARD, in accordance with DARD's Data Protection Act Registration: Z6402243. Your details may be used for the delivery or fulfillment of a DARD service. We may use this information to contact you regarding future products and services, if you do not wish your details to be used for this purpose, please tick this box.

Publicity

We occasionally take photographs of participants and groups on training courses for publicity purposes. Please tick the box if you **do not** consent to the use of your photograph for this purpose.

Costs

Courses for which there is a charge will be invoiced on completion of the course.

Completed forms should be returned to:

**Teresa Kelly, Food Industry Training Administration, CAFRE,
Loughry Campus, Cookstown BT80 9AA**

For office use only:

Details recorded on Unit-e:

Initials: Date: Ref No.