**Level 2 Award in Food Safety in Catering Booking Form**

Course date:

**Details of person making the booking**

| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| --- |
| Name: |
| Company: |
| Address: |
| Telephone number: |
| Email address: |

**The name(s) of the person(s) who will be attending**

| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| --- |
| Name: |
| Telephone number: |
| Email address: |
| Any special requirements/needs? |
| Is English your first language? |

| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]  |
| --- |
| Name: |
| Telephone number: |
| Email address: |
| Any special requirements/needs? |
| Is English your first language? |

**Please inform us of any special requirements/needs 14 days before attending.**

Please return this form as soon as possible to: food@huntingdonshire.gov.uk

Environmental Health, Huntingdonshire District Council, Pathfinder House, St Mary’s Street, Huntingdon, PE29 3TN

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