



**ENROLMENT FORM -
FOOD SAFETY MANAGEMENT TRAINING
USING SAFER FOOD BETTER BUSINESS**

(please use BLOCK CAPITALS)

Training Date.....

Delegate(s) Name(s).....

Delegate(s) Name(s).....

Employer.....

Business Address.....

.....

Contact number of business.....

Payment Details

I enclose a cheque postal order for £_____ . _____

Cheques should be made payable to **BCKLWN** (NB £45.00 per business max 2 person). Costs include £15.00 non refund deposit per business.

If you wish to pay by credit/debit card please fill in the details below

Card Holders Name

Card Number.....

Valid From Date.....Expiry Date.....

Issue No. (switch only)

We do not accept American Express/ Solo/ Electron

Signature_____ Date_____

The council is registered under the Data Protection Act 1998 for the purpose of processing personal data in the performance of its legitimate business. Any information held by the Council will be processed in compliance with the eight principles of the Act. Information you have provided may be shared with other public sector organisations for the prevention and detection of fraud. Further information relating to your rights under the Data Protection Act can be sent to you on request.

OFFICE USE ONLY

Name of Receiving Officer	
Fee Received	
Receipt Number	
Blacked out payment details	