



MANAGEMENT OF FOOD HYGIENE IN THE HOSPITALITY INDUSTRY

1. PERSONAL DETAILS

NAME: _____

ADDRESS: _____

HOME TELEPHONE _____ MOBILE NO. _____

DATE OF BIRTH _____ PPS NO. _____

2. EMPLOYMENT

NAME AND ADDRESS OF PRESENT EMPLOYER

If candidate has previously completed this or another hygiene course please state

Date		Venue	
Name of Course			

Candidates Signature: _____ Date: _____

Organisers/Tutors Signature: _____ Date: _____

Course Registration Number: _____

FOR OFFICE USE ONLY

Checked Receipt No		Exam Type Validation Officer		Fee Paid	
Cert. Sent		Certificate No.		Date Fee Paid	

Return completed Application Form to:

Admissions, School of Tourism (LyIT), Shore Road, Killybegs, Co Donegal.