

Healthyliving Award Registration Form



Name of establishment

Name of contract caterer (if any)

Address

Postcode:

Name of contact person

Position

Telephone no.

e-mail

Type of establishment (eg workplace restaurant, café/coffee shop, family eatery, sandwich/snack bar, outside caterer, restaurant, hotel, guest house, B&B, take away, further education etc)

Number of outlets
(please list overleaf)

Total number of customers
served each day (on average)

Is your outlet/s open to the public OR does it have restricted access

How did you hear about the Healthyliving Award? (e.g. direct contact, previous Scottish Healthy Choices Award holder, catering press, national press, local press, website, word of mouth, website, talk/event/conference)

Multi-site applications only: (please tick relevant box at section A and B)

A. If you have more than one outlet, please indicate if starter packs should be sent to:

- Individual Sites (as noted overleaf)
 Central Address (as noted above)

B. Would you like starter packs to be issued:

- As information becomes available for each individual outlet
 Once all information has been received for all outlets within your group

I would like to register for the Healthyliving Award.

Signed Date



healthyliving
award
the sign of healthier food

Healthyliving Award Food Hygiene Information Consent Form

*You must complete a separate consent form for each catering outlet applying for the award.
Please photocopy this form if you are making an application for more than one outlet.*

By completing and signing this form you are giving your consent to allow the Healthyliving Award to obtain information from your Local Authority Environmental Health Services about the food hygiene standards of your establishment.

The person who signs this consent form should be the person in overall charge of the catering premises seeking an award.

Name of establishment

Address

Postcode:

Name (in block capitals)

Position

Telephone no.

e-mail

Total number of customers served each day (on average)

Type of establishment (eg workplace restaurant, family eatery, sandwich/snack bar etc)

SignedDate.....

For official use only - to be completed by Environmental Health Services

Please supply the scores from the above named establishments most recent food hygiene inspection outcome, in relation to:

- Level of current compliance for food safety and hygiene
- Level of current compliance for structural
- Level of confidence in management/control systems

Score (e.g. 10)

(In accordance with the Food Safety Act 1990 Code of Practice)

Signed _____

Date _____