

Professional/Senior Associate Membership Application Form

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GENERAL INFORMATION

Membership Category

Professional

Senior Associate

Last Name

First Name

Middle Initial

Title Mr

Mrs

Ms

Position

Company

Address:

Town

County

PostCode

Country U.K

Telephone

Fax

Registered Office Address (if different from that above)

E-mail

Web Site

Date of Birth (optional) Day

Month

Year

Type of Consultancy:

Year Established:

Number of Employees

If the Company is a subsidiary – who is the parent?

ACKNOWLEDGEMENT

I confirm that all information given to the FCSI is complete and correct. I agree to provide additional information, if requested by FCSI. I shall conduct my activities in accordance with FCSI's Objectives and FCSI's Code of Ethics. I further waive and release all claims, demands and actions that I now or in the future may have against FCSI, its officers, directors, members and employees for any act or omission in granting or denying membership in FCSI. I hereby acknowledge that I qualify, to the best of my knowledge, for the membership category for which I am applying.

Date:

Signature

HIGHEST LEVEL OF EDUCATION

Name of University/Colleges: _____

Address: _____

Town: _____

Post Code: _____

Country: _____

Course of Study _____

Dates of Course

To

From

Examinations Passed: _____

EXPERIENCE

Number of years/months of experience as a consultant: _____

Number of years/months of experience in the catering industry: _____

Do you or your company receive any monetary benefit or consideration from the sale or promotion of equipment, other products or services or payment other than by a fee paid by the client for the services provided?

Yes No (Please delete as appropriate)

If Yes, please

explain: _____

EMPLOYMENT HISTORY (begin with most recent)

1. Dates To From

Former Employer/Business Name

Address _____

Contact _____

Position _____

Responsibilities _____

2. Dates To From

Former Employer/Business Name

Address _____

Contact _____

Position _____

Responsibilities _____

ASSIGNMENT/PROJECT REFERENCE - 1

Assignment/Project Name

Client/Firm

Client's Address

Town

Post Code

Country

Name of reference on this project

Position

Phone

Fax

Date of project Start

Finish

What services did you personally provide?

ASSIGNMENT/PROJECT REFERENCE - 2

Assignment/Project Name

Client/Firm

Client's Address

Town

Post Code

Country

Name of reference on this project

Position

Phone

Fax

Date of project Start

Finish

What services did you personally provide?

Consulting Services Offered

Please tick the boxes as to your **personal** primary fields of expertise:-

- | | |
|--|---|
| <input type="checkbox"/> Feasibility & Concept Preparation | <input type="checkbox"/> Specification |
| <input type="checkbox"/> Accounting & Financial Systems | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Human Resources, Personnel & Training | <input type="checkbox"/> Budget Costing |
| <input type="checkbox"/> Hygiene & Health & Safety Systems | <input type="checkbox"/> Energy Conservation & Systems |
| <input type="checkbox"/> Operational Auditing & Benchmarking | <input type="checkbox"/> Waste Management Systems |
| <input type="checkbox"/> Management Systems | <input type="checkbox"/> Tender Evaluation |
| <input type="checkbox"/> Catering Operations Reviews | <input type="checkbox"/> Project Management, Programming & CDM |
| <input type="checkbox"/> Tendering & Competitive Bidding | <input type="checkbox"/> Contract Monitoring |
| <input type="checkbox"/> Market & Consumer Research | <input type="checkbox"/> Coordination of Commissioning, Training & Handover |
| <input type="checkbox"/> Project Management & Time Planning | |
| <input type="checkbox"/> Strategic Financial Analysis | |
| <input type="checkbox"/> Marketing & Business Development | |
| <input type="checkbox"/> Technology & Systems | |
| <input type="checkbox"/> Concept Development | |
| <input type="checkbox"/> Operations Planning & Design | |
| <input type="checkbox"/> Kitchen & Facility Layouts | |
| <input type="checkbox"/> Equipment Selection, Design & | |

ANNUAL FEES

Number of Members	Firm Fee	Personal Fee each	Total	Thus cost per member
1	£165	£95	£260	£260
2	£300	£95	£490	£245
3	£300	£95	£585	£195
4	£400	£95	£780	£195
5	£400	£95	£875	£175
6	£450	£95	£1020	£170
7	£500	£95	£1165	£166

Membership fees will be invoiced upon acceptance

There is a one off processing fee per firm of £50

All of the above subject to VAT at 17.5%