



## **APPLICATION TO BECOME FoodSHAP® AUTHORIZED COURSE PROVIDER**

### **1) COURSE PROVIDER INFORMATION:**

<b>Name / Company Name</b>		
<b>Main Address</b>		
<b>Nature of Activity</b> (Ex: School, Training Provider, etc.)		
<b>Company Registration Number (SEC/DTI)</b>		<b>Company VAT Registration Number</b>
<b>Telephone Number</b>		<b>Fax Number</b>
<b>Email Address</b>		<b>Website</b>
<b>FACEBOOK PAGE</b> (if available)		

### **2) COURSE PROVIDER INDIVIDUAL CONTACTS**

Please enter the name of the contact details where you would like us to send any queries regarding the following concerns:

#### **Head of the Organization**

#### **Audit and Quality Contacts**

<b>First Name</b>		<b>First Name</b>	
<b>Last Name</b>		<b>Last Name</b>	
<b>Job Title</b>		<b>Job Title</b>	
<b>Telephone Number</b>	<b>Email Address</b>	<b>Telephone Number</b>	<b>Email Address</b>

#### **Providers details that will reflect in the FoodSHAP® website**

#### **Finance**

<b>Contact Person</b>		<b>First Name</b>	
<b>Contact Number and email address</b>		<b>Last Name</b>	
<b>City that your company will be enlisted</b>		<b>Job Title</b>	
<b>Business Address</b>		<b>Telephone Number</b>	<b>Email Address</b>



**3) OTHER INFORMATION**

What other courses do you offer?

How many years has your business been running?

How many students can your classroom accommodate?

Do you conduct courses outside the vicinity of your current location/city? Where?

**4) LIST OF REQUIREMENTS**

*Before completing this form please check (✓) and make sure you have attached the following requirements with the signed agreement (scanned copy is acceptable):*

**LIST OF REQUIREMENTS TO BECOME AN AUTHORIZED FoodSHAP® COURSE PROVIDER**

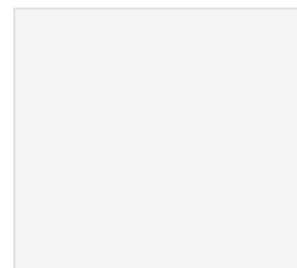
- ! SEC/DTI PERMIT
- ! BIR REGISTRATION
- ! BUSINESS PERMIT
- ! COMPANY PROFILE

**5) PAYMENT FOR AUTHORIZING FOODSHAP® COURSE PROVIDER**

<b>PAYMENT DETAILS: SEE COURSE FEE LIST FOR THE AMOUNT.</b>		
<b>BANK DETAILS: *** savings account***</b>  Bank : BPI Island Acct. Number : 3823-2148-38 Account Name : Food Safety & Hygiene Academy Of The Phils (Food Shap) Inc.	Bank Transaction /Invoice No	
	Payment Verification(signed by)	
	AMOUNT	

*I understand that FoodSHAP® courses can **only be delivered by a trainer authorized by FoodSHAP®** and I am signing to confirm that all the information contained in this application is correct.*

Name : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Position : \_\_\_\_\_  
Date : \_\_\_\_\_



Company SEAL/STAMP

<b>FoodSHAP® USE ONLY</b>	Date Received :
	Ref :