

Applicant Details



APPLICATION FORM LAOIS OFFALY FOOD & HEALTH PROGRAMME

Name									
Position									
Establishment									
Address									
Tel			Em	nail					
			-		•				
Course Details									
Course Title									
Start Date			Tin	nes					
Name & Address of premises*									
Group Details									
Name of Group									
Any special needs/requiremer	nts								
Number in Group				No Ma	. of les		No. 6	_	
Nationality									
Age Profile	<16	16-17	18-20	21-24	25-34	35-44	45-54	55-64	65+
7.901.10									
Amount Payable									
A cheque for the to made payable to I	ull amoun ₋aois Partr	t must be nership C	e enclos Company	ed with /	this app	lication.	Chequ	es can b	e
Payment enclosed	Payment YES NO NO		If Yes Amount		€				

Return to: Lisa Cashin, Food & Health Coordinator, Laois Partnership Company, Birchgrove Community Centre, Birchgrove, Portlaoise, Co. Laois or via email to foodandhealth@laoispartnership.ie

For more information phone: Lisa Cashin on Tel: 087-7387611

^{*}Please note that premises should have suitable facilities - cooker, fridge and running water