



"THE 1<sup>ST</sup> CHOICE FOR ALL FOOD BUSINESS NEEDS"

## CONSULTANCY INFORMATION REQUEST FORM

### ADMINISTRATION

YOUR NAME: \_\_\_\_\_

POSITION IN BUSINESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

POST CODE: \_\_\_\_\_

BUSINESS TELEPHONE NO: \_\_\_\_\_ MOBILE: \_\_\_\_\_

BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

LEAVE MESSAGES WITH (NAME OF CONTACT): \_\_\_\_\_

### CONSULTANCY SERVICES (PLEASE ✓ THE BOX OF THE SERVICE(S) YOU WOULD LIKE INFORMATION FOR)

PROFITABILITY REVIEWS	<input type="checkbox"/>	START-UP	<input type="checkbox"/>
MANAGING YOUR STAFF	<input type="checkbox"/>	HACCP	<input type="checkbox"/>
TRAINING COURSES	<input type="checkbox"/>	MENU PLANNING	<input type="checkbox"/>
TRAINING TRACKER SERVICE	<input type="checkbox"/>	NEW PRODUCT DEVELOPMENT	<input type="checkbox"/>
MARKET TRENDS	<input type="checkbox"/>	BUSINESS MANAGEMENT	<input type="checkbox"/>
HYGIENE AUDITS	<input type="checkbox"/>	MARKET RESEARCH	<input type="checkbox"/>
CLEANING SCHEDULES	<input type="checkbox"/>	PACKAGING SOLUTIONS	<input type="checkbox"/>
CLEANING PRODUCTS	<input type="checkbox"/>	MARKETING	<input type="checkbox"/>
KITCHEN DESIGN	<input type="checkbox"/>	NUTRITION & HEALTH EVALUATION	<input type="checkbox"/>
FOOD SAFETY SIGNAGE & LABELLING	<input type="checkbox"/>	FOOD PRODUCTION & MANUFACTURING	<input type="checkbox"/>
KITCHEN EQUIPMENT	<input type="checkbox"/>	"BLUE-SKY" CONCEPTS	<input type="checkbox"/>

WOULD YOU LIKE PURE TRAINING AND CONSULTANCY TO CONTACT YOU TO ARRANGE A **FREE** INITIAL CONSULTATION AT YOUR PLACE OF BUSINESS (PLEASE ✓ ONE OF THE BOXES BELOW)

YES

NO

THANK YOU. PLEASE RETURN THIS FORM BY POST, FAX 01983730110 OR E-MAIL [consultancy@puretrainingandconsultancy.co.uk](mailto:consultancy@puretrainingandconsultancy.co.uk) TO PURE TRAINING AND CONSULTANCY AND WE WILL CONTACT YOU WITH THE INFORMATION YOU HAVE REQUESTED.