



EHOA – Primary Certificate in Food Hygiene

1. PERSONAL DETAILS

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ MOBILE: _____

DATE OF BIRTH: _____ PPS NO: _____

2. EMPLOYMENT

NAME AND ADDRESS OF PRESENT EMPLOYER

IF APPLICANT HAS PREVIOUSLY COMPLETED THIS OR ANOTHER HYGIENE COURSE PLEASE STATE:

DATE	VENUE
NAME OF COURSE	

Signature of Applicant: _____ Date: _____

Organisers/Tutors Signature: _____ Date: _____

Checked Receipt No	Exam Type Validation Officer	Fee Paid
Cert. Sent	Certificate No.	Date Fee Paid

Return Completed Form To:
Admissions, School of Tourism (LyIT), Shore Road, Killybegs, Co Donegal