

Professional/Senior Associate Membership Application Form

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1. 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 Mobile

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

ANNUAL FEES

Senior Associates £125 + VAT

Professional Members £270 + VAT

Membership fees will be invoiced upon acceptance

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

Consulting Services Offered

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

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

In order to assess your suitability for membership, could you please complete Sections I to V linking this to your Continuing Professional Development over the last 12 months.

I – THE FOODSERVICE & HOSPITALITY INDUSTRY

Statement of experience

II – CONSULTING ASSIGNMENT MANAGEMENT

Statement of experience

III BUSINESS MANAGEMENT

Statement of experience

IV – PERSONAL SKILLS

Statement of experience

V - PROFESSIONAL SPECIALISM

Statement of experience

QUALIFICATIONS

Formal qualifications, including courses attended and other accredited activities related to experience set out overleaf.

CONTINUING PROFESSIONAL DEVELOPMENT

Evidence of continuing professional development, e.g. seminars attended, training courses attended in the last 12 months.

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 did you personally provide?		services

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?		

ASSIGNMENT/PROJECT REFERENCE – 3

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?		



FCSI Code of Best Practice

Relating to professional consultancy work involving the competitive tendering, selection or purchase of products or services from third party suppliers on behalf of clients, or involving a review of or giving an opinion on products or services provided by third party suppliers.

1. The consultant(s) shall provide the client with a written fee proposal, in advance of appointment, outlining the services to be provided and the fee required to complete the assignment. Thus all proposals shall clearly indicate a fee (fixed for the task specified or daily rate) and the terms and conditions of payment.
2. The fee paid by the client shall be the consultant's sole source of income from the consultancy assignment.
3. *Payment shall be accepted only in accordance with the work undertaken and shall not be refundable or deductible from equipment, materials supply purchases, contractors' income, the caterers' income (i.e. management fee) or linked to savings achieved in the review of catering services.*
4. The fee will be payable by the client and monies will not be receivable from any tenderer, potential tenderer, other third party supplier or their agents.
5. Payment shall be related only to the work undertaken on the terms described in the proposal and any such amendments or additions to the proposal as agreed by the client in writing. The consultant(s) shall not accept bonuses in cash or kind or other reward relating to the services other than the fee agreed.
6. Payment for this type of work shall not be linked to savings achieved by third party suppliers as a result of the services provided by the consultant(s).
7. The client shall be advised when the consultant(s) submits proposals for the work of any financial, personal, professional or other interest that they may have in any supplier, service provider, manufacturer or caterer where that service provider or product may potentially be specified as a result of the work done by the consultant(s).
8. The consultant(s) involved in providing the services shall not be simultaneously involved in other assignments where remuneration is received from any potential tenderer or supplier. Where other consultants or parts of the consultant's organisation are so involved, adequate and auditable procedures shall be in place to avoid any communications between parties, which may lead to a conflict of interest. The client must be advised, within the proposal, of any such involvement or other work undertaken by the consultant or their consultancy company.
9. The consultant(s) will act in the best interest of the client at all times and endeavour to promote good relations between contractors/suppliers and the client. Contact between clients and contractors at an early stage in the assignment is encouraged to promote partnership relationships.
10. *Professional contact between consultant(s) and contractors/ suppliers is encouraged as a means of ensuring that the consultant is aware of the products, services and capabilities of suppliers whose services and products may be evaluated, reviewed or specified during or as a result of the consultant's work*

I CONFIRM THAT I COMPLY WITH THE ABOVE CODE OF BEST PRACTICE

NAME: **SIGNED:**

The above Code of Best Practice is endorsed by

