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Food Service Training Application *for people with cognitive disabilities*

Deadline October 1, 2018

Name: _____ **Age:** _____

Phone #: _____ **Address:** _____

How did you hear about this course?

Highest level of education completed? _____

How confident are you at cooking?

- I have never cooked before
- I have basic understanding and can cook with the help of others
- I am good at cooking and can cook independently

How confident are you with reading?

- I cannot read
- I have challenges reading and understanding what I am reading but can read with the help of others.
- I can read well independently and understand what I am reading.

Do you have any allergies? If yes, please explain.

- Yes

Explain: _____

- No

Do you experience any physical limitations that may make cooking difficult? If yes, please explain.

- Yes

Explain: _____

- No

I give permission to Munch to take photographs of active participation in courses and use these images to promote programming on Munch's social media, website, and other advertisement mediums.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

For Office Use Only:

Date Received: _____

Date Contacted: _____

Outcome: _____