**Cook it!**

**Tutor registration form**

Please return completed forms to:-

Health Promotion Dietitians

Community Nutrition & Dietetic Service

4th Floor,

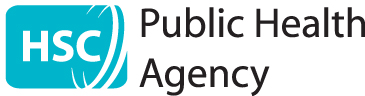
Beech hall Wellbeing & Treatment centre,

21 Andersonstown Rd,

Belfast BT11 9AF

Tel: 028 95 042317

Email: [cookit@belfasttrust.hscni.net](mailto:cookit@belfasttrust.hscni.net)



**In partnership with Belfast Health & Social Care Trust and the Local Council Environmental Health Departments of Belfast City and Castlereagh Borough.**

T:\Cook it!\Cook-it\Training\Future training interest\Current list

**We greatly appreciate you taking the time to complete this registration form. Some of the information you give may be used as part of the evaluation of the Cook it! programme, however this information is strictly confidential and will not be passed on to any other individuals or organisations.**

**Personal Details**

Your contact details are required to contact you for training. Once trained, your details will be held on our database so we can contact you for further follow-up.

A1 Name:

A2 Contact address:

A3 Postcode:\_

A4 Tel:

A5 Work email address:

A6 Are you male 🞏 or female 🞏

**Your Employment**

B1 Are you currently?

At work: voluntary 🞏 Seeking work 🞏

At work: employed 🞏 At college, student 🞏

At work: self-employed 🞏 Wholly retired 🞏

Unemployed 🞏 Homemaker 🞏

Other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are currently employed please provide the following details:

B2 Your job title:

Details of your post:

Client Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B3 About your employer:

Name:

Address (if different from contact address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B4 Neighbourhood renewal areas:

Please tick if you work in any of the following areas -

Colin 🞏

Outer West Belfast 🞏

Andersonstown 🞏

Upper Springfield/ Whiterock 🞏

South West Belfast 🞏

Falls/ Clonard 🞏

Inner South Belfast 🞏

Tullycarnet 🞏

Inner East Belfast 🞏

Inner North Belfast 🞏

Crumlin/ Ardoyne 🞏

Upper Ardoyne/ Ballysillan 🞏

Ligoniel 🞏

Greater Shankill 🞏

**Past experiences**

C1 Have you had any previous experience working with community groups within the last two years? *(Tick one box only)*

Yes 🞏 No 🞏

C2 If yes, please provide details of your last working experience with groups?

|  |  |  |
| --- | --- | --- |
| Group name | Details of your specific role | Approx dates of work |
| Eg. Walking group | Eg. Led group | Eg. Within last 6 months |
| Eg. Cubs | Eg. Cub Scout leader | Eg. Over last 2 years |
|  |  |  |
|  |  |  |
|  |  |  |

C3 Have you ATTENDED any courses on the following topics within the last two years? *(Tick all that apply)*

|  |  |
| --- | --- |
|  |  |
| Nutrition | 🞏 |
| Food hygiene | 🞏 |
| Community development | 🞏 |
| Working with groups  **If yes, please give details:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 |

C4a Have you LED a course (e.g. cookery course, nutrition course, life skills course, health promotion) within the last two years? *(Tick one box only)*

Yes 🞏 No 🞏 go to C5

C4b If yes, please list the names of these courses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C4c Who were these courses aimed at? (E.g. mother and toddler groups, school groups, health professionals)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5 Have you any other relevant experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C6 Please give details of your knowledge and interest in food and nutrition:

Cook it!

D1 Why do you want to become a Cook it! tutor?

D2 How do you hope to use Cook it!?

D3 What do you hope to gain from being a Cook it! tutor?

D 4 Do you hope to deliver Cook it! as part of your job?

Yes No Unsure

Please detail:

D5 Will your employer support you to train and deliver Cook it!? E.g. time allowance. *(Tick one box only)*

Yes No Unsure

Please detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D6 If you are not delivering Cook it! as part of your job, how do you hope to deliver Cook it!, and to whom?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Planning and Delivering Cook it!**

E1 After training, how soon would you be able to start delivering Cook it!?

E2a Have you identified a group(s) you wish to deliver Cook it! to?

Yes No if ‘no’ go to E3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E2b Is the group(s) newly established?

Yes No Unsure

E2c How well do you know the group(s)?

Very well Well Not that well Not at all

E3 Do you have access to kitchen facilities to deliver the Cook it! programme?

Yes No

Please detail:

E4 Do you have insurance/can you access insurance cover to deliver Cook it! (usually through your employer)?

Yes No Not sure

**Background Information**

F1 Are there other trained Cook it? tutors in your workplace?

Yes No

Please provide contact names:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F2 Do you know of anyone with whom you could jointly deliver the programme?

Yes No

If yes, please provide contact names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F3 Any additional information?

NB For catering purposes, please state below any therapeutic dietary requirements:

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Signature of Support**

I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be supported to deliver the Cook it! programme to at least one group within 6 months of undertaking the training.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REPLY SLIP – Please complete A, B or C**

**Your name and organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am available to attend **Day 1 on Thursday 6th October 2016** and **Day 2** **(choose 1 date)**

**Tuesday 11th October 2016**  **OR** **Thursday 13th October** **2016**

I enclose a completed registration form

I am not available on those dates but wish to be considered for future training

And I have enclosed the registration form

I am no longer interested in becoming a Cook it! tutor

**Or email:**

**[cookit@belfasttrust.hscni.net](mailto:cookit@belfasttrust.hscni.net)**

**Please return to:**

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***Thank you for completing this form***