

Croydon Food Group Registration Form



Owner's contact details

Name Rev Mr Mrs Ms Miss Dr

Job title (if applicable)

Contact telephone number

Email

What is your ethnicity?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Mixed White & Black Caribbean | <input type="checkbox"/> Mixed White & Black African | <input type="checkbox"/> Mixed White & Asian | <input type="checkbox"/> Mixed White & other ethnic group |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Asian - Other |
| <input type="checkbox"/> Black – African | <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> Black – Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – Irish | <input type="checkbox"/> White – Other | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other ethnic group (please state) | | | |

Do you have a disability? Yes No

Are you a lone parent? Yes No

Are you employed? Yes No

Are you in education? Yes No

Are you... Male Female

Which age group band is applicable to you?

- | | | |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 16 & under | <input type="checkbox"/> 16 – 19 | <input type="checkbox"/> 20 – 30 |
| <input type="checkbox"/> 31 – 40 | <input type="checkbox"/> 41 – 49 | <input type="checkbox"/> 50 + |

Business details

Business trading name

Type of business

Company name (if applicable)

Business address

Post code

Business phone

Business email

Business website

Trading status Running own business (trading less than 18 months)

Running own business (trading more than 18 months)

VAT registered business

Self-employed/PAYE business (Class 2NI)

Other (please state)

Business details

Date company established	<hr/>		Start date	<hr/>	
Company type	<input type="checkbox"/> Sole trade	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited company	<hr/>	
	<input type="checkbox"/> Company limited by guarantee	<input type="checkbox"/> Other (please state)	<hr/>		
Number of full-time staff	<hr/>		Number of employees who are	Male	
Number of part-time staff	<hr/>			Female	
				Registered disabled	
	<hr/>				

Sector	Description
55301	<input type="checkbox"/> Licensed restaurant
55302	<input type="checkbox"/> Unlicensed restaurant
55503	<input type="checkbox"/> Take-away food shop
52110	<input type="checkbox"/> Retail sale; non-specialised stores, food , beverages or tobacco predominating
15810	<input type="checkbox"/> Manufacture of bread; manufacture of fresh pastry goods and cakes
52220	<input type="checkbox"/> Retail sale of meat and meat products
55402	<input type="checkbox"/> Public houses and bars
51331	<input type="checkbox"/> Wholesale of dairy produce
51.3	<input type="checkbox"/> Wholesale of food, beverages
55.52	<input type="checkbox"/> Catering
	<input type="checkbox"/> Others (please state)
	<hr/>

I confirm that I wish to become a member of the Croydon Food Group

Signature _____ Date _____

Croydon Food Group
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