

Membership Application
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PROFESSIONAL & SENIOR ASSOCIATE MEMBERS

MEMBERSHIP GRADE	
TYPE OF CONSULTANCY	
TITLE	
LAST NAME	
FIRST NAME	
POSITION	
COMPANY	
ADDRESS	
TOWN	
COUNTY	
POSTCODE	
TEL:	
FAX:	
EMAIL:	
DATE OF BIRTH:	
SUPPORTED BY: (Names of two Professional members)	

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, as defined by the FCSI by-laws Article IV, Sections A & B.

Date:

Signature:

EDUCATION/WORK EXPERIENCE

UNIVERSITY/COLLEGE	
DATES ATTENDED	FROM: TO:
DETAILS OF QUALIFICATIONS GAINED	
NUMBER OF YEARS/MONTHS OF EXPERIENCE AS AN ACTIVE CONSULTANT	
NUMBER OF YEARS/MONTHS OF EXPERIENCE IN THE FOODSERVICE INDUSTRY	

DO YOU OR YOUR COMPANY RECEIVE ANY MONETARY BENEFIT OR OTHER CONSIDERATION FROM THE SALE OR PROMOTION OF EQUIPMENT OR OTHER PRODUCT?	
IF SO, WHAT PERCENTAGE OF YOUR INCOME COMES FROM THIS?	

EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT, E.G. SEMINARS OR TRAINING COURSES ATTENDED IN THE LAST 12 MONTHS	
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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		

ASSIGNMENT/PROJECT REFERENCE 1

Assignment/Project Name	
Client/Firm Name	
Client's Address	
Name of Reference	
Position	
Tel:	
Email:	
Date of Project	
What services were you responsible for?	

ASSIGNMENT/PROJECT REFERENCE 2

Assignment/Project Name	
Client/Firm Name	
Client's Address	
Name of Reference	
Position	
Tel:	
Email:	
Date of Project	
What services were you responsible for?	

ASSIGNMENT/PROJECT REFERENCE 3

Assignment/Project Name	
Client/Firm Name	
Client's Address	
Name of Reference	
Position	
Tel:	
Email:	
Date of Project	
What services were you responsible for?	

AREAS OF EXPERTISE

Please tick the boxes as to those areas you are involved with:

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

MARKET SEGMENTS

Please tick the boxes as to those areas you are involved with:

- | | |
|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Government Services |
| <input type="checkbox"/> Amusement and Theme Parks | <input type="checkbox"/> Hospitals/Healthcare |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Hotels/Motels |
| <input type="checkbox"/> Branded Concepts | <input type="checkbox"/> In-flight Catering |
| <input type="checkbox"/> Business & Industry | <input type="checkbox"/> Leisure Facilities |
| <input type="checkbox"/> Catering/Foodservice | <input type="checkbox"/> Primary and Secondary/Independent |
| <input type="checkbox"/> Casinos | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Residential Care |
| <input type="checkbox"/> Colleges and Universities | <input type="checkbox"/> Resorts |
| <input type="checkbox"/> Convenience Stores | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Convention Centres | <input type="checkbox"/> Sports Arenas |
| <input type="checkbox"/> Correctional Facilities/Prisons | <input type="checkbox"/> Supermarkets |
| <input type="checkbox"/> Cruise Lines | <input type="checkbox"/> Theme Restaurants |
| <input type="checkbox"/> Family Restaurants | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Fast Food Restaurants | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Fine Dining | |



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

