

<b>Ministry Programme Name:</b>		
<b>Purpose:</b>		
<b>Day / Night</b>	<b>Time:</b>	<b>Weekly / Monthly /Annually:</b>
<b>Team Members</b>		
1.	6.	11.
2	7.	12.
3.	8.	13.
4.	9	14
5.	10.	15.
<b>First Aider:</b>		
<b>Food to be Served:</b> Yes      No		
<b>List of Names of Persons Cooking / Serving Food:</b>		
1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.
<b><i>All Persons must comply with the Anglican Church Food Safety Polities. Please have each person read the manual and agree to abide by the policies then sign both copies of agreement. Please attach a second copy to this form. The preparer / server keeps the manual for reference.</i></b>		
<b>Risk Assessment (See back page):</b>		
Have you done a risk assessment where the programme is to be held?    Yes      No		
Are there any areas of concern that you consider to be a risk?                      Yes      No		
Concern		

**Programme Details:**

**Signature:**

**Print Name:**

**Date:**