

Examination registration form

Non Member UK Companies



UK FLOUR
MILLERS

2024

You do not need to complete this form if you have enrolled in the course for 2023-24.

Please complete this form in BLOCK capitals and submit it to UK Flour Millers by no later than 29 February 2024.

Student details:

*as you would like it to appear on certificates

Title (Mr, Mrs etc) _____ Full name* _____

Email _____ Occupation _____

Student number (if known) _____

Company name _____ Company Phone _____

Company Address _____

Mill Mentor Name _____

Occupation _____ Email _____

Module Exam Please tick each module on which you wish to enrol and mark the year you last enrolled on the course.
You may register for a module examination only if you have previously enrolled on the course for that module.

- | | |
|--|---|
| <input type="checkbox"/> Module 1 Safety, Health and Hygiene - 20__ | <input type="checkbox"/> Module 5 Flour - 20__ |
| <input type="checkbox"/> Module 2 Wheat and the Screenroom - 20__ | <input type="checkbox"/> Module 6 Power and Automation - 20__ |
| <input type="checkbox"/> Module 3 Mill Processes and Performance - 20__ | <input type="checkbox"/> Module 7 Flour Milling Management - 20__ |
| <input type="checkbox"/> Module 4 Product Handling, Storage and Distribution- 20__ | |

At which examination centre do you intend to write your examination(s) in May 2024?

Please email training@ukflourmillers.org if you need help identifying your nearest centre.

NB: Students and their sponsoring companies are liable for any fees charged locally by their examination centre.

EXAM FEE £100 + vat

I wish to enrol in the UK Flour Millers exam(s) shown above, and agree to allow information about my course performance to be passed to my employer.

Signature:

Date:

By signing and submitting this enrolment you consent to UK Flour Millers sending student and/or mentor future Course Guides and other promotional material related to this training programme.

Payment can be made by Bank Transfer or Credit Card.

All transfer costs are to be covered by the payer.

Company name and address to appear on the invoice if different from the above

If your company requires a Purchase Order Number this must be provided _____

Email for invoicing _____