



Infinity Culinary Training
www.ictchefs.org

Improving Lives Through Cooking
A nonprofit and multicultural school
Cape Town, South Africa

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admin@ictchefs.org

<u>FOR OFFICE USE ONLY</u>											
Approved by _____						Date _____					
Start date _____						End date _____					
Reason for end _____											
Number of meals per month _____											
Containers provided?: Yes _____ No _____											
Reports: 1 2 3 4 5 6 7 8 9 10 11 12											
13 14 15 16 17 18 19 20 21 22 23 24											

APPLICATION FOR ECD BENEFICIARY STATUS
Woolworths/ICT Feeding Initiative

Today's date: _____ Name of your ECD: _____

Primary Address: _____ Registration No: _____

1. Name of person responsible for running your ECD: _____

ID Number: _____ Phone: _____

Address: _____ Email: _____

Length of time with your ECD? _____ Is this person vaccinated from COVID? Yes No

**** Please attach a copy of your ID and proof of your COVID-19 vaccination***

2. Number of children enrolled in your ECD? _____

How many are: Under age 1 _____ Ages 1-5 _____ Over age 5 _____

How many days per week do you operate? _____ Operational hours: _____

How many children do you serve per day? _____ Total meals served per day? _____

3. How many years/months has your feeding scheme been in operation? _____

Who has previously given you your food? _____

Are they still giving you food: YES NO

If YES, how much and how often? _____

If NO, why did they stop? _____

4. What time(s) of day do you usually serve meals? _____

Are you able to **reliably fetch your food** from the Cape Town CBD – on weekdays only – between the hours of 08:00 am and 12:00pm? YES NO

Will you be able to **provide us with 2 sets of clean and sanitized containers** for the packaging of your food? YES NO

5. Is there anything else you would like us to know about you or your ECD?

TERMS AND CONDITIONS

Filling out this application **does not automatically qualify you** for acceptance into the program.

Your organization (your ECD) must be **two years or older** for your application to be considered.

If you are accepted, **your participation can be terminated at any time**, for any reason, at the sole discretion of Infinity Culinary Training. If that occurs, you will receive an email stating your participation has been terminated and the reason.

You will be required to submit a **written report 4 times per year** on the progress of your ECD's feeding program. A template will be provided for your reports.

You will be required to **fetch your food from the Cape Town CBD** on specified weekdays, at specified times, and at a specified location, as designated by Infinity Culinary Training.

You will be required to **provide 2 sets of clean and sanitized containers** to Infinity Culinary Training for the packaging of your food.

If you are accepted, you agree: A) to **spontaneous site visits** by representatives of Infinity Culinary Training, and B) that respectful **photographs and/or videos may be taken** of your ECD and participants and used as desired throughout the world by Infinity Culinary Training and/or Woolworths.

The food prepared and packaged for this feeding program has been done so under the strictest standards of hygiene and safety. **Neither Woolworths nor Infinity Culinary Training accepts responsibility for any contamination or mishandling of food once it is received by any beneficiary.**

I certify that all the information provided herein is true to the best of my knowledge, I agree to all the terms and conditions stated above, and that I have the permission of my organization to submit this application:

Print Name: _____ Title: _____

Signature: _____ Date: _____/_____/_____

Please attach a copy of your ECD's registration documents and email them along with this form to:

ADMIN@ICTCHEFS.ORG