

**Expression of interest in participating in the work of the**

**Qualification Support Team (QST) for**

**Professional Cookery**

|  |  |
| --- | --- |
| **Name:** |  |
| **Centre:** |  |
| **Telephone:** |  |
| **Email Address:** |  |
| **Please state what qualifications/units and the levels that you are currently involved in delivering?** |
|  | **✓** | **Levels(s)**  |
| NPA Professional Cookery |  |  |
| NC Professional Cookery |  |  |
| HNC Professional Cookery |  |  |
| HNC Professional Cookery (Pastry Route) |  |  |
| HND Professional Cookery with Management |  |  |
| PDA Professional Cookery |  |  |
| PDA Professional Pastry |  |  |
| Specific Units |  |
| **Please provide a brief supporting statement detailing relevant qualifications and industry experience.** |
|  |
| **Are you interested in being the chairperson for the Professional Cookery QST? If yes, please provide a brief statement on the experience/skills you have for this role.** |
|  |
| **Please give the name and email address the person who has given approval for you to join the QST:** |
| **Name:** |  |
| **Email Address:** |  |
| **Date Submitted:** |  |

Please email completed forms to:

carol.mcevoy@sqa.org.uk by ***Wednesday 25th November 2020***