



National Federation of Women's Institutes
COOKERY COMMITTEE

NFWI DEMONSTRATORS CERTIFICATE APPLICATION FORM

Cookery, Craft, Flower Arranging, Preservation, Sugarcraft

PLEASE COMPLETE CLEARLY USING BLOCKED LETTERS

NAME

(MISS/MS/MRS/DR): _____

ADDRESS:

POSTCODE:

TELEPHONE No:

EMAIL:

ARE YOU A WI MEMBER? Yes No

IF SO, WHICH WI AND
FEDERATION:

Please circle which subject you wish to become a demonstrator of

COOKERY

CRAFT

FLOWER ARRANGING
SUGARCRAFT

PRESERVATION

Do you hold a Food Hygiene Certificate in
Catering (Level 2 minimum)?

*Please tick
(Applicable to Cookery, Sugarcraft & Preservation only)*

Yes

No

Date Achieved:

Please give full details of all relevant qualifications, with grades and dates achieved

Photocopies of qualifications must accompany this application

Signed: _____

Date: _____