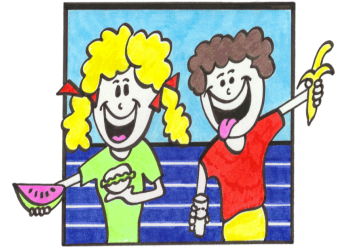


Cool CAP (Cool Canteen Accreditation Program)

Schools Information Form



School: _____ Tele: _____

Type of School: (please tick the box)

- Government Catholic Independent
 Primary (K-6) District (K-10)
 Secondary (7-10) Senior Secondary (11-12)

Type of Canteen: (please tick the box)

- School run P & F run School Assoc Leased

Days Canteen is open: No of students:.....

PrincipalEmail:.....

Canteen ManagerEmail:.....

Contact teacherEmail:.....

Cool CAP Goal: (please tick the box)

- ENTRY BRONZE SILVER GOLD

Date Commence Cool CAP:...../...../200

Canteen Equipment: Please list the number below eg: (2) Microwave

- Domestic fridge Drinks Fridge Freezers
 Domestic oven Commerical oven Pie Oven
 Microwave Convection Microwave
 Domestic Sandwich toaster Commerical sandwich maker

Additional Information: _____
