

Pupil Submission form

Submit these forms as part of your application by 14th June 2019 via your teacher.

Name of pupil:

Date of birth: / / Age:

School:

Category (please tick as appropriate):

Welsh ingredients Increased fruit / vegetables 'No added sugar' dessert

Product name:

Ingredients:

Method/recipe:

Unique selling point/Claim including any evidence or justification (max 300 words):

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Food Industry Centre
Cardiff Metropolitan University

ZERO2FIVE

Canolfan Diwydiant Bwyd
Prifysgol Metropolitan Caerdydd



Arloesi Bwyd
Cymru
Food Innovation
Wales



HELIX

Pupil Submission form

Submit these forms as part of your application by 14th June 2019 via your teacher.

What is your reason for entering this competition? (max 200 words)

Reflection: What did you enjoy the most about this competition? (20-50 words)

Reflection: What were the challenges that you faced developing a product? (20-50 words)

Reflection: Do you think consumers would buy your product? If so, why? (20-50 words)

Photo

Please include a photo of the finished product with your submission by email ZERO2FIVE@cardiffmet.ac.uk

or by post to

**NPD for Schools
Competition, ZERO2FIVE
Food Industry Centre,
Cardiff Metropolitan
University, Western Ave,
Llandaff CF5 2YB.**



Sensory Evaluation

All products must be physically made. As evidence of this we require a photo of the finished product and for them to be taste tested or 'Sensory evaluated' as part of your submission.

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Taster 1

Does this product meet with your expectations? Yes No (if not, why?)

Please mark the product out of 5 (1 being poor, 5 being excellent) Please tick (✓) in the relevant column.

	1	2	3	4	5
Appearance					
Texture					
Smell/Aroma					
Flavour					
Overall enjoyment					

Would you make any recommendations or improvements to this product? If so, please state.

Taster 2

Does this product meet with your expectations? Yes No (if not, why?)

Please mark the product out of 5 (1 being poor, 5 being excellent) Please tick (✓) in the relevant column.

	1	2	3	4	5
Appearance					
Texture					
Smell/Aroma					
Flavour					
Overall enjoyment					

Would you make any recommendations or improvements to this product? If so, please state.

Taster 3

Does this product meet with your expectations? Yes No (if not, why?)

Please mark the product out of 5 (1 being poor, 5 being excellent) Please tick (✓) in the relevant column.

	1	2	3	4	5
Appearance					
Texture					
Smell/Aroma					
Flavour					
Overall enjoyment					

Would you make any recommendations or improvements to this product? If so, please state.
