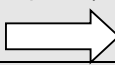


Application / Registration Form: 2015 CULINARY ART or FOOD & BEVERAGE MANAGEMENT

Student Personal Details			
Surname:		Title:	
Christian Names:		Nationality:	
Date of Birth:		Present age:	Sex:
ID number:		Ethnic Group:	
Marital Status:		Home Language:	
Postal Address:	Postal Code:		
Residential Address:	Postal Code:		
Home Telephone:		Work Telephone:	
Mobile Number:		E-mail address:	
Qualifications			
Last High School attended:		Highest grade passed:	Year achieved:
Tertiary Institution(s) attended (where applicable):		Qualification(s):	Year(s) achieved:
Health and Medical Related Information			
1. Do you suffer from any specific illness or disability that may influence your practical and/or theoretical performance in any way, during completion of this course? (Please include allergies, injuries and chronic medication as well). <p style="text-align: center;">Yes / No (Underline the appropriate)</p> <div style="text-align: center;">  </div>	If your answer is YES , please provide details:		
2. Have you in any way, in the past or present, been involved in the misuse of illegal drugs, other substances, and / or prescription drugs?	If your answer is YES , please provide details:		

Yes / No (Underline the appropriate)



Payment Details

Name of **parent / guardian** responsible for the account:

* Please note that assessment progress reports will be provided to this person, unless otherwise advised.

Planned Payment Options after payment of deposit

Cash: (full payment of fees within the first three consecutive months after commencing the course).

Monthly instalments as agreed upon at registration.

Please note: An *Acknowledgement of Debt* needs to be signed at registration **for both the above mentioned options**.

ID no:

Home Tel:

Work Tel:

Mobile/Cell:

E-Mail:

Mode of Payment:

Electronic Transfer

Debit Order

Residential address:

Postal code:

Postal address:

Postal code:

Other Information / Remarks

Use this column for other information you would like to bring to our attention:

Declaration

I declare that all the information provided above, is true and correct, and has been filled in to the best of my ability. (Omitting relevant information could lead to expulsion without refund of payments made).

Name of parent / guardian (as applicable)

Signature of parent/ guardian

Date

Signature of Student

Date

For Office Use Only

Name of interviewer:

Date interviewed:

Accepted (X / \sqrt):

Student enrolment no.:

Remarks: