



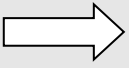
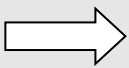
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Application / Registration Form: 2019 CULINARY ART DISTANCE LEARNING

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	
<p>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> <p>Yes / No (Underline the appropriate)</p> <p style="text-align: right;"></p>	<p>If your answer is YES, please provide details:</p>
<p>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?</p> <p>Yes / No (Underline the appropriate)</p> <p style="text-align: right;"></p>	<p>If your answer is YES, please provide details:</p>

Payment Details	
Name of parent / guardian responsible for the account:	<p>Planned Payment Options after payment of deposit</p> <p><input type="checkbox"/> Cash: (full payment of fees within the first three consecutive months after commencing the course).</p>



<p>* Please note that assessment progress reports will be provided to this person, unless otherwise advised.</p>		<p><input type="checkbox"/> Monthly instalments as agreed upon at registration.</p> <p>Please note: An <i>Acknowledgement of Debt</i> needs to be signed at registration for both the above mentioned options.</p>	
ID no:		<p>Mode of Payment:</p> <p><input type="checkbox"/> Electronic Transfer</p> <p><input type="checkbox"/> Debit Order</p>	
Home Tel:			
Work Tel:			
Mobile/Cell:			
E-Mail:			
Residential address:		Postal address:	
Postal code:		Postal code:	
Other Information / Remarks			
Use this column for other information you would like to bring to our attention:			
Declaration			



