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Application / Registration Form:

(Please indicate the course you are applying for with an X)

- 3 Year Diploma in Food Preparation & Cooking Distance Learning
- 1 Year Diploma in Culinary Skills Assistant Chef
- 1 Year Diploma in Confectionary & Patisserie

Student Personal Details

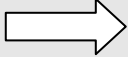
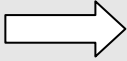
Surname:		Title:	
Christian Names:		Nationality:	
Date of Birth:		Present age:	Gender:
ID number:		Ethnic Group:	
Marital Status:		Home Language:	
Postal Address:	Postal Code:		
Residential Address:	Postal Code:		
Home Telephone:		Work Telephone:	
Mobile Number:		E-mail address:	

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).	If your answer is YES , please provide details:
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Yes / No (Underline the appropriate) 	
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? Yes / No (Underline the appropriate) 	If your answer is YES , please provide details:

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 <input type="checkbox"/> Cash: (full payment of fees within the first three consecutive months after commencing the course). <input type="checkbox"/> Monthly instalments as agreed upon at registration. Please note: An <i>Acknowledgement of Debt</i> needs to be signed at registration for both the above mentioned options .
ID no:	
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

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 / √): <input type="checkbox"/>	Student enrolment no.:
Remarks:			