

**ChefMLK School of Cooking**

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# Enrolment Application Form



**2022 Kitchen Assistant Certificate Full Time (8 Weeks)**



DATE OF COURSE: \_\_\_\_\_

**This form should be completed by the Applicant. ALL pages and sections MUST be completed in full.**

Applicant Details		
Surname		
First Name		
Nickname		
Date of Birth		
Identity No.	Age	
Sex	Male	Female
Nationality		
Country of Birth		
Home Language		
Second Language		
Student Visa <small>(Non-SA Residents)</small>	Yes	No
Postal Address	Student Visa Expiry Date	
Code		
Physical Address		
Code		
Cellular No.		
Telephone (H)		
Telephone (W)		
Fax		
Email		

Do you have a Drivers license?	Yes	No
Will you require parking at ChefMLK?	Yes	No

Where and how did you hear about ChefMLK School of Cooking?

Basic Educational Details	
Highest Grade Achieved	
School / College	
Year of Qualification	
Town / City	
School / College Tel.	
Computer Literate	Yes No
Learning Disabilities	

Additional Education Details		
Please provide details of most recent school Examination Results		
Subject	Grade	Symbol / Level

Work Experience Details	
including part-time or casual work	
Company Name	
Telephone	
Position Held	
Period Employed	From: To:
Company Name	
Telephone	
Position Held	
Period Employed	From: To:

Sponsor Details					
Please indicate who will be paying for your studies					
	Self	Employer	Parent	Guardian	Other
Surname					
Full Name					
Identity Number					
Company Name					
Postal Address					
Code					
Physical Address					
Code					
Cell No					
Telephone (H)					
Telephone (W)					
Fax					
Email					
Sponsor's Signature	Date Signed				

### Additional personal details

Father / Legal Guardian Details:

Surname	
First Name	
Identity Number	
Occupation	
Company Name	
Postal Address	
Code	
Residential Address	
Code	
Cell Number	
Telephone (H)	
Telephone (W)	
Fax	
Email	

Mother / Legal Guardian Details:

Surname	
First Name	
Identity Number	
Occupation	
Company Name	
Postal Address	
Code	
Residential Address	
Code	
Cell Number	
Telephone (H)	
Telephone (W)	
Fax	
Email	

### Reference Details

Please provide details of a Reference **(This reference may not be a family member)**

Surname	
First Name	
Relationship	
Telephone	

### General Information

Have you had any serious illness during the past five years?		Yes		No
<i>Please specify (if applicable)</i>				
Have you had any serious injury during the past five years?		Yes		No
<i>Please specify (if applicable)</i>				
Do you have any significant chronic conditions requiring on-going medical treatment?		Yes		No
<i>Please specify (if applicable)</i>				
Are you aware of any other medical or psychological conditions which may affect your studies?		Yes		No
<i>Please specify (if applicable)</i>				
Allergies		Yes		No
Anemia		Yes		No
Anxiety		Yes		No
Asthma		Yes		No

Back Injuries		Yes		No
Chronic Skin Problems		Yes		No
Diabetes		Yes		No
Endocrine Disorder		Yes		No
Epilepsy		Yes		No
Fainting Spells		Yes		No
Hand Injuries		Yes		No
Head Injuries		Yes		No
Heart Problems		Yes		No
High Blood Pressure		Yes		No
Irregular or Rapid Heartbeat		Yes		No
Kidney Problems		Yes		No
Learning Disabilities		Yes		No
<b>Please specify (if applicable)</b>				
Migraine Headaches		Yes		No
Operations - List:		Yes		No
Serious Accidents		Yes		No
Medication - List:		Yes		No
Other - List		Yes		No

**Please explain why you are considering a career as a Cook / Chef?**

*Martin Kobald*

<b>Required Documents</b>			
ID Document (Certified copy)		Colour Passport / ID size photograph	
Highest Grade Certificate (Certified copy)			

Note: Access to a computer / laptop is essential for all portfolio work as required for the qualifications

**CHEF MLK**

**SCHOOL OF COOKING**

Applicant's Full Name

Parent / Sponsor / Guardian's Full Name

Applicant's Signature

Parent / Sponsor / Guardian's Signature

**By my signature above, I understand that any false or misleading information provided on this application form shall be considered sufficient cause for disqualification of applicant.**