## **ChefMLK School of Cooking**

44 Rietfontein Road, Glen Marais, Kempton Park PO Box 45, Glen Erasmia Boulevard, 1638

+27 076 296 6916 e-mail: enrol@chefmlk.com Website: www.chefmlk.co.za

## **Enrolment Application Form**

	PASSPORT SIZE PHOTOGRAPH OF APPLICANT		QCTO Courses  2023 – 2024 Cook Certificate Full Time (18 Months)  2023 – 2025 Chef Certificate Full Time (36 Months)  GROUP A or B:								
	This form	should be co	omplete	d by the Ap					Γ be comple	eted in f	ull.
Office use	Interview Dat		-	-		Rating			Uniform size		
Applica	nt Details										
Surname											
First Nam									_ ^		
Nickname			A					11	N		
Date of B	Birth						1	1	Λ		
dentity I					-//	1/2	/	Age		1	
Sex		Male		Female	1 1		1		In		
Nationali	ity					1/		200			
Country	of Birth						b.				
Home Lai	nguage					V					
Second La	anguage		- 1								
Student (Non-SA Resid		Yes		No		Stu	ident Visa	Expiry Date	<u>;</u>		
Postal Ad	ldress										
Code				6							
Physical A	Address		10								
Code			1								
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Fax											
Email											
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Do you have a Drivers License Will you require parking at Cho			າ							Yes	No No
Will you i	require parking	at Chenvilk	ŗ							Yes	No
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Basic Educational De	etails			
Matric Achieved	Yes	No	Year Achieved	
School / College				
Year of Qualification				
Qualification Level				
Town / City				
School / College Tel.				
Computer Literate	Yes	No		
Learning Disabilities				
Additional Education				
·	Subject		Grade	Symbol / Level
	4.5			
Work Experience D	etails			
Company Name			1/	
Telephone				
Position Held			1/10	
Period Employed	From:		To:	
Company Name				
Telephone	,	1		
Position Held				
Period Employed	From:		To:	
		C		
Sponsor Details				
Please indicate who will be paying				
Self	Employer	Parent	Guardian	Other
Surname	HIP P MI	K	SCHOOL	OF COOKING
Full Name				
Identity Number				
Company Name				
Postal Address				
Code				
Physical Address				
Code				
Cell No				
Telephone (H)				
Telephone (W)				
Fax				
Email				
Spansor's Signature			Data Ci	ad
Sponsor's Signature	1		Date Signe	eu

Additional personal	details		
Father / Legal Guardian	Details:		
Surname			
First Name			
Identity Number			
Occupation			
Company Name			
Postal Address			
Code			
Residential Address			
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Cell Number		-	
Telephone (H)			
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Mother / Legal Guardia	n Dotaile:		
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Reference Details			
Please provide details	of a Reference (This reference may not be a family member)	OF COOKE	lG .
Surname	TET MER SCHOOL	OI COOINI	10
First Name			
Relationship			
Telephone			
General Information			
		l.,	
Have you had any serior	us illness during the past five years?	Yes	No
Please specify (if application	able)		
Have you had any serio	us injury during the past five years?	Yes	No
Please specify (if applica	ble)		
Do you have any signific	ant chronic conditions requiring on-going medical treatment?	Yes	No
Please specify (if applica	ble)		
	er medical or psychological conditions which may affect your studies?	Yes	No
Please specify (if applica	_		•
Allergies		Yes	No
Anemia		Yes	No
Anxiety		Yes	No
Asthma		Yes	No
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BackInjuries		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
Please specify (if applicable)			
Migraine Headaches		Yes	No
Operations - List:		Yes	No
Serious Accidents		Yes	No
Medication - List:		Yes	No
Other - List		Yes	No
Required Documents	North	ld	
ID Document (copy)	Colour Passport / ID size p	hotograph	
Matric Certificate (copy)	colour russport y 12 size p	посодгарн	
CHEF MLK	SCHOOL OF	COOKI	NG
Applicant's Full Name	Parent / Sponsor / Guard	lian's Full Name	
Applicant's Signature	Parent / Sponsor / Guar	dian's Signatur	e

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.