



Enrolment Application Form

2023 Highfield Kitchen Assistant Full Time (11 Weeks)

2023 Highfield Cook Full Time (9 Months)

GROUP A or B: _____

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

| | | | | | | |
|------------|----------------|--|--------|--|--------------|--|
| Office use | Interview Date | | Rating | | Uniform size | |
|------------|----------------|--|--------|--|--------------|--|

| Applicant Details | |
|------------------------------------|---|
| Surname | |
| First Name | |
| Nickname | |
| Date of Birth | |
| Identity No. | Age |
| Sex | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Nationality | |
| Country of Birth | |
| Home Language | |
| Second Language | |
| Student Visa (Non-SA Residents) | Yes <input type="checkbox"/> No <input type="checkbox"/> Student Visa Expiry Date |
| Postal Address | |
| 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 | | | |
|----------------------------|-----|----|---------------|
| Matric / Grade 11 / 10 | Yes | No | Year Achieved |
| School / College | | | |
| Year of Qualification | | | |
| Grade Level (10, 11 or 12) | | | |
| 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 |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

| 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 | |
| | <input type="checkbox"/> Self <input type="checkbox"/> Employer <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> 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 |
| Please specify (if applicable) | | | | |
| 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 Kit hen Assistant / Cook / Chef?

No

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

Kit hen Assistant

| | | | |
|---|--|--------------------------------------|--|
| Required Documents | | | |
| ID Document (Certified copy) | | Colour Passport / ID size photograph | |
| Matric / Grade 11 / 10 Certificate (Certified copy) | | | |

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

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.