

**hefMLK School of Cooking**

44 Rietfontein Road, Glen Marais, Kempton Park  
 PO Box 45, Glen Erasmia Boulevard, 1638  
 Tel: +27 076 296 6916  
 e-mail: [enrol@chefmlk.com](mailto:enrol@chefmlk.com)  
 Website: [www.chefmlk.co.za](http://www.chefmlk.co.za)



# Enrolment Application Form

## QCTO Courses

2026 – 2028 Chef Certificate Full Time Group A

2026 – 2029 Chef Certificate Full Time Group 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 Female
Nationality	
Country of Birth	
Home Language	
Second Language	
Student Visa <small>(Non-SA Residents)</small>	Yes No 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 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 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	CHEF MLK		SCHOOL OF COOKING		
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 <b>(This reference may not be a family member)</b>	
Surname	
First Name	
Relationship	
Telephone	

### General Information

Have you had any serious illness during the past five years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

*Please specify (if applicable)*

Have you had any serious injury during the past five years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--------------------------	-----	--------------------------	----

*Please specify (if applicable)*

Do you have any significant chronic conditions requiring on-going medical treatment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

*Please specify (if applicable)*

Are you aware of any other medical or psychological conditions which may affect your studies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--------------------------	-----	--------------------------	----

*Please specify (if applicable)*

Allergies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
-----------	--------------------------	-----	--------------------------	----

Anemia	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------	--------------------------	-----	--------------------------	----

Anxiety	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------	--------------------------	-----	--------------------------	----

Asthma	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 Chef?**

*Martin Kobald*

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



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.**