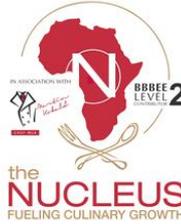


THE NUCLEUS Culinary Training Centre
 44 Rietfontein Road, Glen Marais, Kempton Park
 PO Box 45, Glen Erasmia Boulevard, 1638
 Tel: +27 076 296 6916
 e-mail: nucleus@chefmlk.com
 Website: www.chefmlk.co.za



PASSPORT SIZE
 PHOTOGRAPH
 OF
 APPLICANT

Enrolment Application Form

2026 Group ____ Kitchen Assistant Full Time (12 Weeks)

2026 Group ____ Cook Full Time (7 Months)

2026 Group ____ Chef Full Time (14 Months)

2026 Group ____ Patisserie Full Time (12 Months)

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

Office use	Interview Date	Rating	Uniform size
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Applicant Details	
Surname	
First Name	
Nickname	
Date of Birth	
Identity No.	Age
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
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 premises?	Yes	No

Where and how did you hear about THE NUCLEUS Culinary Training Centre?

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please specify (if applicable)

Have you had any serious injury during the past five years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
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Please specify (if applicable)

Allergies	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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 Kitchen Assistant / Cook / Chef?

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.