

ChefMLK 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
 Website: www.chefmlk.co.za

Enrolment Application Form



PASSPORT SIZE
 PHOTOGRAPH
 OF
 APPLICANT

2020 – Group 1 Kitchen Hand Certificate Full Time

2020 – Group 2 Kitchen Hand Certificate Full Time

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.			
Sex	Male	Female	Age
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	
Highest Grade Achieved	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 (This reference may not be a family member) **OF COOKING**

Surname	
First Name	
Relationship	
Telephone	

General Information

Have you had any serious illness during the past five years?		Yes		No
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Please specify (if applicable)

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 Chef?

Martin Kobald

Required Documents			
ID Document (copy)		Colour Passport / ID size photograph	
School 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.