



Enrolment Application Form

Year / Month of intake being applied for:
(Please indicate which MONTH your application is for)

January 2024 or July 2024

Full Time International Accredited Certificate / 12 Months

Yes	No
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OR

Full Time Chef Diploma / 36 Months

Yes	No
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This form should be completed **by the applicant**. All pages and sections **MUST** be completed in full. Please attach a **CLEAR** copy of your Identity Document or Passport.

Personal Details

Surname			
First Name(s)			
Nickname			
Date of Birth			
Identity Number			Age:
Gender :	Male	Female	
Dependants			Married / Single
Country of Birth			Nationality
Home Language			
Second Language			
Can you read and write English?	Yes	No	
Postal Address			
Postal Code			
Physical Address			
Cellular Number			
Telephone (Home)			
Telephone (Buss)			
Email Address			
2nd Email Address			
Drivers License	Yes	No	Code



No. 1



Additional Personal Details

Father / Legal Guardian Details:	
Surname	
First Name(s)	
Identity Number	
Occupation	
Company Name	
Postal Address	
Postal Code	
Residential Address	
Cellular Number	
Telephone (Home)	
Telephone (Buss)	
Email Address	
2nd Email Address	
Where did you hear from us	

Mother / Legal Guardian Details:

Surname	
First Name(s)	
Identity Number	
Occupation	
Company Name	
Postal Address	
Postal Code	
Residential Address	
Cellular Number	
Telephone (Home)	
Telephone (Buss)	
Email Address	

Reference Details

Please provide details of a Reference (This person may not be a family member)	
Surname	
First Name(s)	
Relationship	
Telephone	
Cellular Phone	
Email Address	

Sponsor Details

Details of Person liable for payment of your studies			
Surname			
First Name(s)			
Relationship			
Company Name			
Postal Address			
Postal Code			
Residential Address			
Telephone			
Cellular Phone			
Email Address			
Sponsor's Signature		Date:	

Basic Educational Details

Please provide copy of matric certificate / or most recent school examination results

Matric Achieved	Yes	No	Year Achieved
Qualification Level			Year Achieved
School			
Town /City			
School Tel. No.			
Learning Disabilities			

Tertiary education

Institution Attended	
Qualification Level	
Year of Qualification	
Other Qualifications	

Work Experience

1. Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____
2. Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____
3. Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____

Where did you hear about Steyns Culinary School?

Please explain why you are considering a career as a Chef?

Required Documentation: These items must accompany your application
ID Document (Copy) / Matric Certificate (Copy) / Tertiary qualifications (Copy) Id Copy of Sponsor

General Information		
Have you had any serious illness during the past 5 years? Specify if Applicable:	Ye s	N o
Have you had any serious injury during the past 5 years? Specify if Applicable:	Ye s	N o
Do you have any significant chronic condition requiring on-going treatment? Specify if Applicable:	Ye s	N o
Any medical/psychological conditions which may affect your studies? Specify if Applicable:	Ye s	N o
Allergies	Ye s	N o
Anaemia	Ye s	N o
Anxiety	Ye s	N o
Asthma	Ye s	N o
Back Injuries	Ye s	N o
Chronic Skin Problems	Ye s	N o
Diabetes	Ye s	N o
Epilepsy	Ye s	N o
Fainting Spells	Ye s	N o
Hand Injuries	Ye s	N o
Head Injuries	Ye s	N o
Heart Problems	Ye s	N o
High Blood Pressure	Ye s	N o
Irregular or Rapid Heartbeat	Ye s	N o
Kidney Problems	Ye s	N o
Learning Disabilities	Ye s	N o
Any other medical conditions to be disclosed: If Yes specify:	Ye s	N o
Do you have a criminal record If yes please explain: Specify if Applicable:	Ye s	N o
Migraine Headaches	Ye s	N o
Operations - List:	Ye s	N o
Serious Accidents	Ye s	N o
Medication - List:	Ye s	N o

Applicant's Full Name

Parent/Sponsor/Guardian Full Name

Applicant's Signature

Parent/Sponsor/Guardian Signature

Date

Date

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. With completing this Application Form, I confirm that I have noted that a non-refundable registration fee is payable on acceptance to secure my space. I also agree that the balance tuition fees will be paid in monthly instalments on or before the first of every month. I also agree once the classes have started and I cancel my enrolment, all fees paid are non-refundable.