

Application to Register

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

Intake being applied for: February 2012 July 2012 February 2013

Program being applied for: (please tick)

Course	Full time	Part Time
Commis de Culinaire (12 Months)	<input type="checkbox"/>	<input type="checkbox"/>
Grande de Culinaire (24 Months)	<input type="checkbox"/>	<input type="checkbox"/>
Advanced de Culinaire (36 Months)	<input type="checkbox"/>	N/A
Commis de Patisserie (18 Months)	<input type="checkbox"/>	<input type="checkbox"/>
Grande de Patisserie (30 Months)	<input type="checkbox"/>	N/A

PERSONAL DETAILS

Surname	
First Name	
Nickname	
Date of Birth	
Identity Number	
Sex	
Nationality	
Home Language	
Second Language	
Postal Address	
Physical Address	
Telephone Number	(c) (h) (w)
Fax	
Email	

Will you have your own transport during your studies at CTIA? Yes No

Where and how did you hear about CTIA?

BASIC EDUCATIONAL DETAILS

School/ College	
Year of Qualification	
Qualification Level	
Town / City	
Computer Literate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Learning Disabilities	

SPONSOR DETAILS

Please indicate who will be paying for your studies

Self Employer Parent Guardian Student Loan Other

Surname	
First Name	
Identity Number	
Company Name	
Nature of Business	
Postal Address	
Physical Address	
Telephone number	(c) <input type="checkbox"/> (h) <input type="checkbox"/> (w) <input type="checkbox"/>
Email	

_____ Sponsor's Signature

_____ Date Signed

I _____ hereby declare that all info above is correct.

Signed _____

ADDITIONAL PERSONAL INFORMATION

Please provide the following details of your **Father / Legal Guardian**

Surname	
First Name	
Identity Number	
Occupation	
Company Name	
Telephone number	(c) (h) (w)
Email	
Preferred Method of Communication	Email Telephone

Please provide the following details of your **Mother / Legal Guardian**

Surname	
First Name	
Identity Number	
Occupation	
Company Name	
Telephone number	(c) (h) (w)
Email	
Preferred Method of Communication	Email Telephone

GENERAL INFORMATION

Have you had any serious illnesses during the past five years? Please specify if applicable	
Are you presently undergoing any medical treatment? Please specify if applicable	
Do you take any medication on a regular basis? Please specify if applicable	
Are you covered by a registered Medical Aid Fund?	
Name of Medical Aid	
Membership Number	
Principle Member	

I _____ hereby declare that all info above is correct.

Signed _____

Declaration

I, (applicant's full name and surname) _____
declare, agree and undertake the following towards SA Chefs Training and Innovation Academy:

All the information provided above is correct to the best of my knowledge. I shall acquaint myself with the rules and regulations of the Academy that is applicable to learners in general as well as to the specific programme I am registering for.

I shall acquaint myself with the admission requirements and ensure that all necessary documentation have been handed in prior to the start of the Academic year of the programme I am registering for.

Applicant's Full Names

Applicant's Signature

Date

It is understood that any false or misleading information provided on this application form shall be considered sufficient cause for the disqualification of this applicant

CTIA Banking Details

Bank	FNB
Branch Name	Centurion
Branch Code	261550
Account Number	62242450170
Reference	Student Name and Surname