



**FRANÇOIS FERREIRA**  
ACADEMY

**APPLICATION / REGISTRATION FORM:**

*(Please indicate the course you are applying for with an X)*

- 3 Year Full-Time Diploma in Food Preparation and Cooking/QCTO Occupational Chef
- Distance Diploma in Culinary Art
- Assistant Chef Skills Programme
- Level 3 Foundation Diploma in Tourism and Hospitality Management
- 1 Year Certificate in Culinary Arts


**STUDENT PERSONAL DETAILS**

|                      |                |                 |  |
|----------------------|----------------|-----------------|--|
| Surname:             |                | Title:          |  |
| Christian Names:     |                | Nationality:    |  |
| Date of Birth:       | Present Age:   | Gender:         |  |
| ID Number:           | Ethnic Group:  |                 |  |
| Marital Status:      | Home Language: |                 |  |
| Postal Address:      |                | Postal Code:    |  |
| Residential Address: |                | Postal Code:    |  |
| Home Telephone:      |                | Work Telephone: |  |
| Mobile Number:       |                | E-mail address: |  |

**QUALIFICATIONS**

|  |  |                       |                   |
|--|--|-----------------------|-------------------|
| Last High School Attended:                           |  | Highest Grade Passed: | Year Achieved:    |
| Tertiary Institution(s) Attended (where applicable): |  | Qualification(s):     | Year(s) Achieved: |

**HEALTH AND MEDICAL RELATED INFORMATION**

|   |  |
|---|--|
| Do you suffer from any specific illness or disability that may influence your practical and/or theoretical performance in any way, during completion of this course? (Please include allergies, injuries and chronic medication as well).<br><br><b>Yes / No</b> (Underline the appropriate)<br><br> | If your answer is <b>YES</b> , please provide details: |
|---|--|

|  |  |
|--|--|
| <p>Have you in any way, in the past or present, been involved in the misuse of illegal drugs, other substances, and / or prescription drugs?</p> <p style="text-align: center;"><b>Yes / No</b> (Underline the appropriate)<br/> <span style="display: inline-block; width: 50px; border-bottom: 1px solid black; margin-left: 100px;"></span> →</p> | <p>If your answer is <b>YES</b>, please provide details:</p> |
|--|--|

**PAYMENT DETAILS**

|   |  |
|---|--|
| <p>Name of <b>parent / guardian</b> responsible for the account:</p> <p>* Please note that assessment progress reports will be provided to this person, unless otherwise advised.</p> | <p><b>Planned Payment Options</b> after payment of deposit</p> <p><input type="checkbox"/> Cash: (full payment of fees within the first three consecutive months after commencing the course).</p> <p><input type="checkbox"/> Monthly instalments as agreed upon at registration.</p> |
| ID No:  | <p><b>Please note:</b> An Acknowledgement of Debt needs to be signed at registration <b>for both the above mentioned options.</b></p> <p><b>Mode of Payment:</b></p> <p><input type="checkbox"/> Electronic Transfer</p> <p><input type="checkbox"/> Debit Order</p>                   |
| Home Tel:   |  |
| Work Tel:   |  |
| Mobile/Cell:  |  |
| E-Mail:   |  |
| Residential Address:  | Postal Address:  |
| Postal Code:  | Postal Code:   |

**OTHER INFORMATION / REMARKS**

Use this column for other information you would like to bring to our attention:

**DECLARATION**

I declare that all the information provided above, is true and correct, and has been filled in to the best of my ability. (Omitting relevant information could lead to expulsion without refund of payments made).

|   |                               |      |
|---|-------------------------------|------|
| Name of parent / guardian (as applicable) | Signature of parent/ guardian | Date |
| Signature of Student                      | Date                          |      |

**FOR OFFICE USE ONLY**

|                      |                   |                   |                        |
|----------------------|-------------------|-------------------|------------------------|
| Name of interviewer: | Date interviewed: | Accepted (X / √): | Student enrolment no.: |
|----------------------|-------------------|-------------------|------------------------|

Remarks: