



HTA SCHOOL OF CULINARY ART PTY LTD
 128 Bram Fischer Drive, Ferndale, 2160
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 e-mail: operations@htatrain.co.za | website: www.htatrain.co.za

Enrolment Application Form



Year of Intake being applied for : **2012** **2013**

City & Guilds 2-Year Diploma in Food Preparation and Culinary Arts

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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Personal 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 <small>(Non-SA Residents)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No Student Visa Expiry Date
Postal Address	
Code	Code
Physical Address	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

Do you have a Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require parking while attending school at HTA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Where and how did you hear about HTA School of Culinary Art?

Basic Educational Details		
Matric Achieved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Achieved
School / College		
Year of Qualification		
Qualification Level		
Town / City		
School / College Tel.		
Computer Literate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Learning Disabilities		

Work Experience Details	
<small>including part-time or casual work</small>	
Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____
Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____

Sponsor Details	
<small>Please indicate who will be paying for your studies</small>	
<input type="checkbox"/> SELF <input type="checkbox"/> EMPLOYER <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	
Surname	
Full Name	
Identity No	
Company Name	
Postal Address	
Physical Address	
Cell No	
Telephone (H)	
Telephone (W)	
Fax	
Email	
Sponsors Signature	Date Signed

Additional personal details	
Father / Legal Guardian Details:	
Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Postal Address	
Residential Address	code
Cell No	

General Information				
Have you had any serious illness during the past five years?		Yes		No
Please specify (if applicable)				
Have you had any serious injury during the past five years?		Yes		No
Please specify (if applicable)				
Do you have any significant chronic conditions requiring on-going medical treatment?		Yes		No
Please specify (if applicable)				
Are you aware of any other medical or psychological conditions which may affect your studies?		Yes		No
Please specify (if applicable)				
Allergies		Yes		No
Anaemia		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

Required Documents			
These items must accompany your application:			
ID Document (copy)		Colour Passport / Id size photograph	
Matric 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.