

Application / Registration Form:
 (Please indicate the course you are applying for with an X)

- 1 Year Diploma in Culinary Arts 1 Year Part-time Diploma in Culinary Art
 3 Year Diploma in Food Prep & Cooking 1 Year-Part-time Diploma in Food & Beverage

APPLICATION FEE R500

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:	
Cell Number:		E-mail address:	
Qualifications			
Last High School attended:		Highest grade passed:	Year achieved:
Tertiary Institution(s) attended		Qualification(s):	Year(s) achieved:
Health and Medical Related Information			
1. Do you suffer from any specific illness or disability that may influence your practical and/or theoretical performance in any way, during the course? (Please include allergies, injuries and chronic medication as well). Yes / No		If your answer is YES , please provide details:	

2. 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 style="text-align: center;">Yes / No </p>	If your answer is YES , please provide details:		
Payment Details			
Name of parent or guardian responsible for the payment: * Please note that assessment progress reports will be provided to this person, unless otherwise advised.	Payment Options after payment of full deposit <input type="checkbox"/> Option 1: Once off: (Full payment of fees on commencement of the course) <input type="checkbox"/> Option 2: Monthly instalments: (Monthly payment of fees as per course documentation)		
ID number:	Please note: An <i>Acknowledgement of Fee Payment</i> needs to be signed at registration for both options . Mode of Payment: <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Debit Order Banking details Eden Hospitality Services & Training Unit Standard Bank – Current Account # 330993577- Branch 051001 Reference: Name & Surname		
Home Telephone:			
Work Telephone:			
Cell:			
E-Mail:			
Residential Address:	Postal Address:		
Postal Code:	Postal Code:		
General Information			
1. How did you hear about the FFA? 2. What school did you matriculate at and where?			
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 or Guardian	_____ Signature of Parent or Guardian	_____ Date	
_____ Signature of Student	_____ Date		
For Office Use Only			
	Date interviewed:	Accepted (X / ✓):	<input type="checkbox"/> ent enrolment number: FFA
Remarks:			

The information supplied will not be used for any other purpose than for the course