



# FOOD & BEVERAGE INSTITUTE

## FOOD & BEVERAGE INSTITUTE

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 9324

## Enrolment Application Form

PASSPORT  
 SIZE  
 PHOTOGRAPH  
 OF  
 APPLICANT

Receipt			
<b>FOR OFFICE ONLY</b>			
Receipt no.			
		Jacket size	

### Intake being applied for: Jan 2012

### Personal Details

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Identity Number: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Tel (H): (     ) \_\_\_\_\_  
 e-mail address: \_\_\_\_\_  
 How did you hear about FBI \_\_\_\_\_

Sex: Male  Female   
 Nationality: \_\_\_\_\_  
 Home Language: \_\_\_\_\_  
 Second Language: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cellular Number: \_\_\_\_\_  
 Tel: (W) (     ) \_\_\_\_\_  
 Fax: (     ) \_\_\_\_\_

### Basic Educational Details

School/College attended: \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 School/College Tel: \_\_\_\_\_  
 Any learning disabilities? \_\_\_\_\_

Highest Qualification: \_\_\_\_\_  
 Final Year \_\_\_\_\_  
 Computer Literate: \_\_\_\_\_  
 \_\_\_\_\_



## Work Experience Details

Please indicate your work experience, beginning with the most recent (Include part-time or casual work if applicable)

Company Name: _____	Position: _____
Tel: _____	Period Employed: _____
_____	From: _____ To: _____
Company Name: _____	Position: _____
Tel: _____	Period Employed: _____
_____	From: _____ To: _____

## Sponsor Details

Please indicate who will be paying for your studies

Self     Employer     Parent     Guardian     Other

Please provide the following details of your Sponsor, if applicable

Surname: _____	First Name: _____
Identity Number: _____	Company Name: _____
Postal Address: _____	Physical Address: _____
_____	_____
_____	_____
Postal Code: _____	_____
e-mail Address: _____	Cellular Number: _____
Telephone Number: (    ) _____	Facsimile: _____
Sponsors' Signature: _____	Date Signed: _____

## Additional Personal Details

Please provide details about your guardian, if applicable

Surname: _____	First Name: _____
Occupation: _____	Company Name: _____
Telephone Number: (W) (    ) _____	Facsimile: _____



Telephone Number: (H) ( ) \_\_\_\_\_

Cellular Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

## Additional Educational Details

Please provide details of your most recent school Examination Results

Subject	Grade	Symbol
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____
_____	<input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower	_____

Any Other Course/Training: \_\_\_\_\_

## Referee Details

Please provide details of at least two Referees (These may not be direct family members)

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## General Information

Have you had any serious illness during the past five years? Yes / No

Have you had any serious injury during the past five years? Yes / No

Are you presently undergoing any medical treatment? Yes / No

Do you take any medication on a regular basis? Yes / No

Are you covered by a registered Medical Aid fund? Yes / No



Fund Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Principal Member: \_\_\_\_\_

Why are you considering Cheffing as a career? Explain

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### Required Enclosures

These items should be included with this application

- |  |   |
|--|---|
| <input type="checkbox"/> ID Book Copy (Sponsor)                          | <input type="checkbox"/> Curriculum Vitae         |
| <input type="checkbox"/> ID Book Copy                                    | <input type="checkbox"/> Other Certificate Copies |
| <input type="checkbox"/> Matric Certificate / Recent School Results Copy | <input type="checkbox"/> Reference Letter 2       |
| <input type="checkbox"/> Reference Letter 1                              | <input type="checkbox"/> 2 x ID Photographs       |
| <input type="checkbox"/> Medical Aid copy.                               |   |

Applicants' Full Names: \_\_\_\_\_

Date \_\_\_\_\_

Applicants' Signature \_\_\_\_\_

Signed: \_\_\_\_\_

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

### Rates : All prices include VAT

**Year one: R47 500**

**Deposit: R15 000, payable on acceptance**

Balance due first week of classes.

Ingredient starter pack **R3 800**

**Year two: R42 500**

Due first week of classes.

Note: Rates include all tuition fees, examination fees, uniforms and ingredients.

Ingredient starter pack **R3 000**

**Additional costs: Victornox knife set R3 200**

Rates will increase after September 2011.

### Banking details:

**Bank: Standard Bank -**

**Food and Beverage Institute**

**Branch Name: Brandwag**

**Branch Code: 0555 34**

**Account Number: 041 305 361**