



FOOD & BEVERAGE INSTITUTE

Tel: 051- 451 2298
 Fax: 051- 451 1486
 e-mail: lesley@chefs institute.co.za
 www.chefs institute.co.za

Recon Park
 22 Faan Ferreira Street
 Langenhoven Park
 Bloemfontein

Suite 276
 Private Bag X01
 Brandhof
 9324

Hotel and Guesthouse Management Enrolment Application Form

PASSPORT
 SIZE
 PHOTOGRAPH
 OF
 APPLICANT

Receipt			
FOR OFFICE ONLY			
Receipt no.			
		Jacket size	

Intake being applied for:

Jan 2012

- Accommodation Services and Operations Reception Operations and Services
 Food Preparation and Culinary Arts Food and Beverage Services and Operations

Personal Details

Surname: _____ Sex: Male Female
 First Name: _____ Nationality: _____
 Date of Birth: _____ Home Language: _____
 Identity Number: _____ Second Language: _____
 Postal Address: _____ Residential Address: _____

 Postal Code: _____ Cellular Number: _____
 Tel (H): () _____ Tel: (W) () _____
 e-mail address: _____ Fax: () _____
 How did you hear about FBI _____

Basic Educational Details

School/College attended: _____ Highest Qualification: _____
 Town/City: _____ Final Year _____
 School/College Tel: _____ Computer Literate: _____
 Any learning disabilities? _____



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

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

Full program: R46 000

Deposit: R15 000, payable on acceptance

Balance due first week of classes.

Individual programs: R12 500 each

Uniforms not included and is to be provided by the student

Banking details:

Bank: Standard Bank -

Food and Beverage Institute

Branch Name: Brandwag

Branch Code: 0555 34

Account Number: 041 305 361

Rates will increase after September 2012.