



**WEST COAST CHEF SCHOOL**

Leentjiesklip road, Agora square  
 Club Mykonos Marina, Langebaan,7357  
 Cell: 082 923 8110 / 071 675 4975  
 Tel: 022 772 0358/Fax: 086 750 4371  
 Email: fransa@westcoastchefschoo.co.za  
 Web: www.westcoastchefschoo.co.za

This form should be completed by the applicant. ALL pages and sections MUST be completed in full.

Personal Details	
Surname	
First Name	
Nickname	
Date of Birth	
Identity No.	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality	
Home Language	
Second Language	
Postal Address	
Code	
Physical Address	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	
Course applying for	
Will you have your own transport during your studies? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where and how did you hear about the West Coast Chef School?	
Computer Literate Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details	
Learning Disabilities <i>Please specify below</i>	

**Additional Personal Details**

*Please provide the following details of your Father / Step Father / Legal Guardian*

Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

*Please provide the following details of your Mother / Step Mother / Legal Guardian*

Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

**Please provide details of at least two Referees**

(These may not be direct family members)

<b>Referee no.1</b>	
Name	
Surname	
Relationship	
Telephone	
<b>Referee no. 2</b>	
Name	
Surname	
Relationship	
Telephone	

### Sponsor Details

Please indicate who will be paying for your studies:

SELF  EMPLOYER  PARENT  GUARDIAN  OTHER

Please provide the following details of your Sponsor

Surname	
First Name	
Identity No.	
Company Name	
Nature of Business	
Postal Address	
Code	
Physical Address	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date Signed

### General Information

Do you have any medical condition that you would like to disclose?


### Why are you considering a career in Cheffing / Hospitality Industry? Explain


### Required Enclosures

These items should be included with this application:

Matric Certificate / Recent School Results		Curriculum Vitae	
Other / Higher Qualifications		Copy of ID	

\_\_\_\_\_  
Applicant's Full Names

\_\_\_\_\_  
Applicant's Signature

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