

Butlers Hotel School

7 Lodge Rd, Belgravia, Kimberley 8300
Tel: 053 8322668 or 082-8248710
Fax: 053 8315777
E-mail: butlerschef@webmail.co.za
PO Box 614, Kimberley, 8300

Passport size
photograph
of
applicant

Enrolment Application Form

Receipt			
Office use Only			
Receipt No.		Jacket Size	

Personal Details

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

Postal Code: _____ Cellular #: _____
Tel: (H) _____ Tel: (W) _____
E-mail address: _____ Fax: _____
How did you hear about us? _____

Basic Educational Details

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

Working Experience Details

Please indicate your work experience, beginning with the most recent (including 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: _____

E-mail address: _____	Cellular #: _____
Telephone #: _____	Fax: _____
Sponsor's Signature: _____	Date signed: _____

Additional Educational Details

Please provide details of your most recent school Examination Results

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

Referee Details

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

Name:	_____	Surname:	_____
Relationship:	_____	Telephone #:	_____
Name:	_____	Surname:	_____
Relationship:	_____	Telephone #:	_____

General Information

Have you had any serious illness during the past five years?	YES/NO
Have you had any serious injury in 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
Do you have accommodation in Kimberley?	YES/NO
Fund Name: _____	Membership #: _____
Principal Member: _____	

Why do you want to be a chef? Explain

Required Enclosures

These items should be included with this application

- | | |
|--|---|
| <input type="checkbox"/> ID Book Copy | <input type="checkbox"/> Curriculum Vitae |
| <input type="checkbox"/> Matric certificate/Recent school results copy | <input type="checkbox"/> Other Certificate Copies |
| <input type="checkbox"/> Reference Letter | <input type="checkbox"/> 2 x ID Photographs |

Applicants Full Names: _____

Date: _____

Applicants Signature: _____

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.