

APPLICATION FORM



ABOUT THE STUDENT

Mr. Mrs. Miss

Family Name: _____ First Names: _____

Occupation: _____

Male Female Nationality: _____ ID Number: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Do you have a Passport: No Yes

Passport Country of Issue: _____ Passport Number: _____

Physical Address: _____

City: _____ Postal Code: _____

Province/State: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

Photo

Please send this application form to:

The Admissions Department
The Swiss Hotel School
P.O. Box 777
Randburg 2125
South Africa.
Phone: +27 11 789 9934/5/6
Fax: +27 11 789 9937
Email: info@swisshotelschool.co.za
Website: www.swisshotelschool.co.za

EDUCATION

Name of School or College	Highest Qualification Achieved	Dates
1. _____	_____	_____
2. _____	_____	_____

PROFESSIONAL EXPERIENCE (Last 2 Positions)

Company/Hotel	Position Held	Dates
1. _____	_____	_____
2. _____	_____	_____

Please attach a CV if there is not enough space here

Financial Sponsor

Self Private Individual Company

Sponsor Surname: _____ Sponsor First Names: _____

ID Number: _____ Company Registration Number: _____

Relation to Student: _____ Profession: _____

Physical Address: _____

City: _____ Postal Code: _____

Province/State: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

Postal Address: _____

City: _____ Postal Code: _____

Province/State: _____ Country: _____

Comment on extent of Sponsorship: _____

PROGRAMMES

Advanced Certificate in Kitchen Operations

HOW DID YOU HEAR ABOUT US?

Internet / Website Industry Professional Student / Alumni Advertising / Article in Media

Other, Please Specify: _____

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MEDICAL INFORMATION

Do you have Medical Aid: No Yes

Name of Medical Aid: _____

Medical Aid Plan: _____ Medical Aid Number: _____

Medical Aid Main Member: _____

Physical Address: _____

City: _____ Postal Code: _____

Province/State: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

PERSONAL HISTORY

Have you ever had or do you suffer from:

	No	Yes (if yes, Specify)		No	Yes (if yes, Specify)		No	Yes (if yes, Specify)
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/> _____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/> _____	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> _____
Rubella	<input type="checkbox"/>	<input type="checkbox"/> _____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> _____	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/> _____
Measles	<input type="checkbox"/>	<input type="checkbox"/> _____	Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/> _____	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/> _____
Mumps	<input type="checkbox"/>	<input type="checkbox"/> _____	Please Specify		_____			

For the Following points, Please specify if you:

Have any other disease or had an operation: _____

Have dyslexia or other learning problems (to what degree): _____

If yes, we may request the assessment reports.

Have allergies to any medicine or other products: _____

Take any medicine on a regular basis: _____

Are on a special diet: _____

Have had an accident with long-term consequences: _____

Have any other issues you would like to inform us about: _____

What is your general health condition: Excellent Very Good Good Poor

If you have a positive tuberculin test, please provide results and x-ray copies.

In keeping with the institutes policies regarding preventative health measures, the school Director may request a student to undergo a medical check up at any time during his/her studies at The Swiss Hotel School. This may be limited to a urine test unless the official doctor requests more comprehensive tests.

IMPORTANT

Please return this form fully completed and make sure the following documents are enclosed:

- Copy of Matric Certificate and Highest Qualification Achieved
- Testimonials or Work References
- 1 recent colour ID Photo
- Student ID/Passport Copy
- Financial Sponsor ID/Passport Copy
- A letter of commitment from the financial sponsor
- Motivational Letter
- Copy of the Medical Aid Card

STATEMENT

I hereby declare that all the information given on these forms is exact and complete. I acknowledge having read and understand these documents and all other pertaining documents and will abide by the standards of excellence of The Swiss Hotel School.

Signature of Financial Sponsor: _____ Date: _____

Signature of Candidate: _____ Date: _____

To be sent to The Swiss Hotel School

The Swiss Hotel School is the trading name of Turaco Hospitality (PTY) Ltd., incorporated in the Republic of South Africa, Registration Number 2004/032470/07
Directors NS Martin and AC Martin