



LEARNER INFORMATION AND ENROLMENT FORM - HOSPITALITY

INSTRUCTIONS:

Please complete the form in neat capital letters.
 Where there are blocks provided, use one character per block.
 Where there are options, please choose the correct one by marking it with a cross.
 Only complete the sections which pertain to your enrolment.

**Please submit this form with proof of registration payment at our offices
 or fax it to 034 622 5386 or e-mail to dsihadmin@dsih.co.za**

SECTION 1 QUALIFICATION/SKILLS PROGRAMME

Professional Cookery Assistant Chef

SECTION 2 ACCOMMODATION & TRANSPORT

Do you require on-campus accommodation? Yes No
 If yes please Specify: Single R 225.00 Sharing R 190.00
 Do you have any dietary requirements? Yes No
 If yes please specify: _____

Do you want to make use of the shuttle service **at a fee**? Yes No

SECTION 3 PERSONAL DETAIL

ID Number

Date of birth

Title Gender

Surname _____

Full names _____

Telephone Number

Cell Number

Email Address _____

Physical Address

Postal Address Code

Preferred Language

Please attach **certified** copies of the following documents:

ID Detailed CV
 Qualifications

SECTION 4 BANKING DETAILS

Name in which account is held

Name of Financial Institution

Name of Branch _____ Type of Account _____

Account Number

Branch Code _____

SECTION 5 PERSON RESPONSIBLE FOR ACCOUNT

Name: _____

Postal Address

Code

Contact No

SECTION 6 NEXT OF KIN - CONTACT DETAILS IN CASE OF EMERGENCY

Title Miss Mrs Mr Other Relationship _____

Surname _____

Full names _____

Telephone Number

Cell Number

Physical Address

Code

SECTION 7 FETPAC DETAIL

Are you physically disabled? Yes No

Nationality _____

If not RSA are you a permanent resident? Yes No

Equity Black White Indian Coloured

Previous year's activity Working School Study

Highest school qualification Grade 12 Grade 11 Grade 10 Grade 9

SECTION 8 HEALTH DETAIL

<p>Allergies <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Asthma <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Blood disorder <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Cardiac condition <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Diabetes <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Medical Aid _____</p> <p>Doctor _____</p>	<p>Epilepsy <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Psychiatric condition <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Chronic condition <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Other: <input type="text"/> Yes <input type="text"/> No</p> <p>Specify _____</p> <p>Member Number _____</p> <p>Tel Number _____</p>
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SECTION 9 PAYMENT

I undertake to pay the amount of R1 700-00 (Incl Vat) for registration before the next intake in the following bank account:

Banking Details:

Bank Standard Bank Newcastle
 Account Name Blue Horison Properties 53 (Pty) Ltd
 Branch Code 57724
 Account Number 202375196
 Your Reference: *(Please use your ID Number)*

SECTION 10 AGREEMENT

- 1 I am fully aware that I must attend 80% of my classes in order to write trade test.
- 2 I agree to write all tests. The dates will be determined by DSIH.
- 3 I undertake to use all the facilities of DSIH with care and at my own risk.
- 4 If I make use of any transport arrangements of DSIH and take part in activities and excursions arranged by DSIH I do so at my own risk.
- 5 I indemnify the DSIH management and Board of Directors and/or any employee of the DSIH of any liability regarding myself, my family or property in case of damage, theft, injury or death or for any reason whatsoever.
- 6 I am fully aware that unannounced police intervention may occur on campus as required.
- 7 I accept that in all courses where practical work is compulsory for completion of the qualification, the responsibility remains my own to adhere to the set requirements safety procedures.
- 8 I am aware that the uniform for this course is Black Long pants, White shirt and closed shoes

I AM FULLY AWARE THAT:

- 1 Should I cancel my classes, no fees will be refunded.
- 2 Repeated failure will disqualify me from registration at DSIH.

SECTION 11 DECLARATION

I, the abovementioned, hereby declare that I have filled in the form completely and to the best of my knowledge. All the information is true and correct.

Signature

Date

For office Use only**Finance Department**

Deposit Paid

Yes	No
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 Date Paid _____ Amount R _____

Paid In Full

Yes	No
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 Date Paid _____ Amount R _____

Name _____ Signature _____ Date _____

Financial administrator

Data Capturer

Check List:

ID Document

Yes	No
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 Completed enrolment form

Yes	No
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Qualifications

Yes	No
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 Proof of deposit paid

Yes	No
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Banking Details

Yes	No
-----	----

 Detailed C.V.

Yes	No
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Name _____ Signature _____ Date _____

Data Capturer