

---

## STUDENT ENROLLMENT FORM

---

- PLEASE COMPLETE ALL INFORMATION WITH BLOCK LETTERS
- PLEASE ATTACH ONE ID SIZE PHOTOGRAPH

**TICK**

FULL TIME

**TICK**

PART TIME

**TICK**

---

### PART 1: STUDENT DETAILS

TITLE(MR/MRS/MS):

INITIALS:

ID NO/PASSPORT NO:

HOME TEL NUMBER:

CELL NUMBERS:

WORK TEL NUMBER:  
(IF APPLICABLE)

HOME ADDRESS:

EMAIL:

---

### PART 2: COURSE SELECTION

#### FULL TIME COURSES:

COOK NQF L4 (NB: EISA EXAM INCLUDED)  
OCC CHEF NQF L5 (EXCLUDING TRADE TEST)

#### DURATION

12 MONTHS  
36 MONTHS

TICK   
TICK

#### PART TIME COURSES:

CERTIFICATE IN FOOD PREPARATIONS AND  
COOKING  
CERTIFICATE IN PATISSERIE

6 MONTHS  
6 MONTHS

TICK   
TICK

---

### PART 3: EDUCATIONAL BACKGROUND

SCHOOL ATTENDED:

HIGHEST GRADE PASSED:

YEAR OF COMPLETION:

SCHOOL TOWN OR CITY:

COMPUTER LITERATE:

YES:

NO:

**NB: PLEASE PROVIDE DETAILS OF YOUR MOST RECENT SCHOOL EXAMINATION RESULTS**

SUBJECT	GRADE	LEVEL/SYMBOL

**PART 3: ACCOUNT PAYERS DETAILS**

TITLE(MR/MRS/MS)  INITIALS:

FULL NAMES:  SURNAME:

ID NO./PASSPORT NO:  HOME TEL NUMBER

HOME ADDRESS:

WORK ADDRESS:

EMAIL ADDRESS:

ALTERNATIVE NUMBER:

**PART 4: MEDICAL INFORMATION**

**MEDICAL AID DETAILS**

MEDICAL AID NAME:

MEDICAL AID NUMBER:

**DOCTORS INFORMATION**

DOCTORS NAME:

DOCTORS CONTACT NO.:

**NB: PLEASE NOTE THESE DETAILS ARE REQUIRED IN CASE OF ANY EMERGENCIES**

1. HAVE YOU BEEN DIAGNOSED WITH ANY CHRONIC CONDITION YES/NO
2. ARE YOU ON ANY CHRONIC MEDICATION? YES/NO
3. HAVE YOU HAD ANY SERIOUS INJURIES/ILLNESS IN THE PAST 5 YEARS? YES/NO
4. HAVE YOU EXPERIENCED ANY PSYCHOLOGICAL CONDITIONS YES/NO THAT MAY AFFECT YOUR PERFORMANCE AS A STUDENT YES/NO
5. DO YOU HAVE ANY ALLERGIES THAT YOU MAY KNOW OF? YES/NO

**ACCOUNT PAYERS CONFIRMATION LETTER**

NAME AND SURNAME: [REDACTED]

ID NUMBER: [REDACTED]

RESIDENTIAL ADDRESS: [REDACTED]

POSTAL ADDRESS: [REDACTED]

TEL NO. (H) [REDACTED]

(W) [REDACTED]

(C) [REDACTED]

**PLEASE NOTE THAT THIS APPLICATION FORM MUST BE ACCOMPANIED BY:**

1. A CLEAR COPY OF THE GUARANTOR'S IDENTIFICATION DOCUMENT
2. PROOF OF INCOME (LATEST 3 MONTHS PAYSLEIPS + YOUR LATEST 3 MONTHS BANK STATEMENT)
3. PROOF OF ADDRESS NOT OLDER THAN 3 MONTHS

I HEREBY GUARANTEE THE FULL COURSE FEE FOR THE ABOVE MENTIONED STUDENT. IF PAYMENT IS NOT MADE, I AM AWARE THAT I WILL BE HELD ACCOUNTABLE FOR ALL MONIES OWING ON THE ACCOUNT. I FURTHER AGREE TO ALL TERMS AND CONDITIONS SIGNED BY THE STUDENT. I APPROVE AND CONFIRM THIS APPLICATION, AND ATTACH MY COPY OF ID DOCUMENT.

[REDACTED]  
**SIGNATURE:**

[REDACTED]  
**DATE:**

PARENT/GURDIAN/GUARDIAN/GUARANTOR DETAILS)

## **PART 6: TERMS AND CONDITIONS**

1. AN APPLICATION FEE OF R500.00 MUST BE PAID IN FULL UPON SUBMISSION OF THE APPLICATION FORM, PLEASE NOTE THAT THIS IS NON-REFUNDABLE. OUR ACCOUNT DETAILS ARE AS FOLLOWS:

**BANK: FIRST NATIONAL BANK**

**ACCOUNT NAME: CULINARY AND HOSPITALITY ACADEMY**

**ACCOUNT NUMBER: 62714035856**

**BRANCH: LOCH LOGAN**

**BRANCH CODE: 230139 REF: NAME + SURNAME**

2. THIS CONTRACT CONSTITUTES THE ENTIRE AND ONLY AGREEMENT BETWEEN CULINARY AND HOSPITALITY AND THE STUDENT/CLIENT, AND SUPERSEDES ANY AND ALL PRIOR OR CONTEMPORANEOUS AGREEMENTS, REPRESENTATIONS, WARRANTIES, AND UNDERSTANDINGS WITH RESPECT TO THE GOODS, SERVICES AND INFORMATION PROVIDED BY OR THROUGH THE SITE, AND THE SUBJECT MATTER OF THE CONTRACT. THE STUDENT/CLIENT AGREES TO REVIEW THIS CONTRACT PRIOR TO PURCHASING GOODS AND/OR SERVICES, AND THIS SHALL BE DEEMED ACCEPTANCE OF THIS CONTRACT.

3. IT IS SPECIFICALLY RECORDED THAT THE STUDENT/ CLIENT SHALL REMAIN LIABLE FOR THE FULL PURCHASE PRICE OF THE COURSE IN THE EVENT OF A FAILURE OF A STUDENT TO COMPLETE THE COURSE.

4. STUDY MATERIAL SUPPLIED TO THE STUDENT MAY NOT BE PASSED ON OR ACCESS GIVEN TO ANYONE OTHER THAN THE STUDENT.

5. IN THE EVENT A STUDENT'S TABLET IS STOLEN/LOST OR DAMAGED, IT WILL BE AND ADDITIONAL COST OF R 2000.00 TO BE PAID TO CULINARY AND HOSPITALITY ACADEMY, TO REPLACE THE TABLET WITH THE REQUIRED COURSE MATERIAL.

6. THE PRICE PAYABLE WILL BE SUBMITTED BY THE METHOD THAT THE STUDENT/CLIENT HAS INDICATED ON THE ENROLMENT FORM.

7. SHOULD THE STUDENT/CLIENT FAIL TO MAKE ANY PAYMENT OWING, ANY STUDENT MAY BE WITHDRAWN AND THE FULL AMOUNT OF THE BALANCE OWING SHALL BECOME IMMEDIATELY PAYABLE IN 7 (SEVEN) DAYS. CULINARY AND HOSPITALITY ACADEMY SHALL BE ENTITLED TO PROCEED AGAINST ME FOR RECOVERY WITH FURTHER NOTICE

8. IN THE EVENT A STUDENT IS SUSPENDED, THE ONUS WILL BE ON THE STUDENT TO CATCH UP ON WHATEVER WORK HE /SHE HAS MISSED.



9. IN THE EVENT THAT THE STUDENT/CLIENT IS IN ARREARS, OR IF LEGAL ACTION IS INSTITUTED, THE STUDENT/CLIENT AGREES TO PAY ALL LEGAL COSTS, INCLUDING LEGAL CHARGES, COLLECTION CHARGES, TRACKING COSTS AND COMMISSIONS. THE STUDENT/CLIENT CONSENTS IN TERMS OF THE PROVISIONS AND SECTION 65J OF THE MAGISTRATES COURT ACT NO.32 OF 1944 TO AN EMOLUMENTS ATTACHED ORDER TO BE ISSUED, WITHOUT FURTHER NOTICE TO THE STUDENT/CLIENT, FROM THE COURT OF THE DISTRICT IN WHICH THE STUDENT/CLIENT EMPLOYER RESIDES, CARRIES ON BUSINESS, OR IS EMPLOYED, AND THAT THE AMOUNTS OF THE EMOLUMENTS BE ATTACHED IN INSTALMENTS AS REFLECTED ON THE AGREEMENTS WITH CULINARY AND HOSPITALITY ACADEMY.

10. THE STUDENT/CLIENT IS FULLY AWARE OF THE ACCREDITATION STATUS OF THE SPECIFIC COURSE / COURSES THAT HE / SHE IS ENROLLING FOR.

11. CULINARY AND HOSPITALITY ACADEMY MAY CEDE THIS AGREEMENT TO A THIRD PARTY.

12. THE STUDENT/CLIENT CHOOSE THE HOME ADDRESS AS SET OUT IN THIS FORM AS THE DOMICILIUM CITANDI ET EXECUTANDI.

13. CULINARY AND HOSPITALITY ACADEMY GUARANTEES TO PROVIDE TUITION FOR THE PERIOD STATED PER EACH COURSE OR PROGRAMME FROM THE DATE OF REGISTRATION. ANY EXTENSIONS OF COURSE OR PROGRAMME(S) PERIOD WILL BE COMMUNICATED BY CULINARY AND HOSPITALITY ACADEMY VIA E MAIL.

14. THE STUDENT/CLIENT AGREE THAT THE COMPANY OR ITS DULY AUTHORIZE AGENTS MAY COMMUNICATE BY EMAIL OR SMS TO THE STUDENT/CLIENT COMPUTER OR CELLULAR TELEPHONE AS PROVIDED. THESE METHODS WILL BE REGARDED AS A VALID METHOD OF SENDING ANY COMMUNICATION IN RESPECT OF THE AGREEMENT AND THE ONUS REMAINS ON THE STUDENT/PARENT/GUARANTOR TO ENSURE THAT THESE DETAILS REMAIN UPDATED WITH CULINARY AND HOSPITALITY ACADEMY.

15. THE STUDENT/CLIENT MAY TERMINATE THIS AGREEMENT WITHIN 14 (FOURTEEN) DAYS FROM THE DATE OF REGISTRATION BY E-MAILING INFO@CHACADEMY.CO.ZA AND WILL FORFEIT THE NON-REFUNDABLE APPLICATION, UNIFORM & REGISTRATION FEE AND 20% OF PAID TUITION FEE. THEREAFTER THIS AGREEMENT BECOMES LEGAL AND BINDING AND SHALL NOT BE CANCELLED.

16. THE STUDENT/CLIENT WARRANTS THAT THE INFORMATION DISCLOSED IN THIS AGREEMENT IS TRUE AND CORRECT IN EVERY RESPECT.



17. THE STUDENT/CLIENT UNDERTAKES TO NOTIFY US IN WRITING OF ANY CHANGES TO CONTACT DETAILS WITHIN 7 (SEVEN) DAYS OF SUCH CHANGE.

18 CULINARY AND HOSPITALITY ACADEMY REGISTRATION AND UNIFORM FEE IS AN ADDITIONAL FEE AND NOT PART OF THE FULL COURSE FEE.

20. LATE PAYMENT FEES WILL BE CHARGED ON ALL OVERDUE ACCOUNTS PRIME PLUS 6.5% COMPOUNDED.

21. DOMICILIUM CITANDI ET EXECUTANDI (PHYSICAL ADDRESS FOR OFFICIAL NOTICES) (A) I/WE UNDERSIGNED HEREBY APPOINT AS OUR DOMICILIUM CITANDI EXECUTANDI FOR ALL PURPOSES IN TERMS OF THIS AGREEMENT, INCLUDING SERVICES OF LEGAL PROCESS, THE ADDRESS SET OUT IN FRONT OF THE REGISTRATION DOCUMENT.

22. I HEREBY GIVE CONSENT FOR AN ENQUIRY TO BE PERFORMED ON MY NAME AT CREDIT BUREAU.

23. CULINARY AND HOSPITALITY ACADEMY RESERVES THE RIGHT TO CANCEL THIS CONTRACT.

SIGNED AT \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY \_\_\_\_\_

OF \_\_\_\_\_

STUDENT/CLIENT SIGNATURE: \_\_\_\_\_