

www.sahtc.com

**PREFERRED YEAR TO COMMENCE STUDIES: 20 [ ][ ]**

**PREFERRED INTAKE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **February** |  | **June** |  | **September** |  |

**PREFERRED COURSE:**

|  |  |  |  |
| --- | --- | --- | --- |
| International Hospitality Management Diploma |  | Chefs on Stage Culinary Arts Diploma |  |
| Food and Beverage Service |  | Reception Operations |  |
| Specialization, Specify: |  | Patisserie Diploma |  |
| Chefs on Stage Culinary Arts Advanced Diploma |  |  |  |

# APPLICANT INFORMATION

**AGE REQUIREMENT: 18 YEARS & ABOVE**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: [ ] Male [ ] Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID / Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a driver’s license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a competent swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about The Hospitality School? (Tick as many as applicable)**

[] Website [] Brochure [] Friend [] Word Of Mouth [] Radio Advert [] Magazine [] Business Cards [] Exhibition [] Television [] Cinema [] Newspaper [] Facebook.

**HEAD OFFICE Tel**: 0242- 250 093, 0712 203 825, 0774 645 555

# BASIC HEALTH EXAMINATION

Do you have any health issues / allergies?

YES [] NO []

If “Yes”, detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance? Yes ( ) No ( ) Medical Aid Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of an emergency, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# BASIC EDUCATIONAL DETAILS

Last School / College Highest Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / College Telephone No: \_\_\_\_\_\_\_\_\_ Postal

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Computer literate? [] YES [] NO

If “Yes”,detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PARENT / GUARDIAN / SPONSOR DETAILS

Please indicate who will be responsible for paying for your studies:

[ ] Self [ ] Employer [ ] Parent [ ] Guardian [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport / ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please note that your application will not be considered unless the above section is completed and signed. Kindly attach your sponsors proof of residence to this application form.**

Be advised to attach your National I.D,Curriculum Vitae, Certified copies of all the Certificates you have acquired and a Picture in full length. **A non-refundable registration fee of USD$80.00 to be paid upon the submission of the application form.**

**PAYMENT OF FEES**:

Fees are payable first week of each month. If paid later than that, the amount accrues an interest of 25%. Failure for the trainee/sponsor to pay fees altogether will result in legal action which will be at his/her expense. Should the sponsor be facing any financial difficulties, the school reserves the right to be given a notice period of thirty (30) days. Failure to do so will result in Legal action. Absenting oneself from lectures does not excuse them from paying the full tuition fees for that month unless prior notice has been given with reasons why he/she cannot attend. In common with normal professional practice, refund of tuition fees is left to the director’s consent.

**POSTPONEMENT**: The School reserves the right to postpone any course they may offer. If the student is unable to attend the course on the agreed date, he/she must ask for a postponement so that the School can arrange a mutually acceptable starting date. The School cannot guarantee to maintain the fee at its present rate and reserves the right to levy the fee ruling at the actual commencement date.

**WITHDRAWALS: TRAINEES** wishing to withdraw from the course will only be allowed to do so in cases of emergency or on receipt of three months’ notice in writing with the trainee paying the full fees for the notice period.

**BOOKS:** Books and uniforms will not be issued unless all payments are up-to-date.

**SPONSOR’S UNDERTAKING:** I have read and understood the company’s conditions of enrolment as set out in the notes below and consideration of your accepting this application, I agree to these conditions on behalf of the applicant and further agree to be responsible for the applicant’s financial obligations under the terms of this contract. (Please attach the sponsor’s proof of residence for billing purposes)

**Fees to be paid on presentation of account.**

**(*See attached payment plan if not paying account in full on presentation)* Please make payment in cash or transfer to the following bank account. BHV**

**RTGS NOSTRO FCA DEPOSITS ECOCASH**

Stanbic Bank, Belgravia Branch Stanbic Bank, Belgravia Branch \*151\*2\*3\*161479#

Account Name:Decanter Enterprises Account Name: Decanter Enterprises Ref #: Trainee’s Name

Account Number 914 000 1066 780 Account Number: 914 0000 907 994

I / We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my / our consent that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may study at S.A.H.T.C. - The Hospitality School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Sponsor Detail & Date