



CONTACT DETAILS

Phone: 079 544 3848 / 041 367 1921

E-mail: info@culinaryacademype.co.za Website: www.culinaryacademype.co.za

Unit 21 Walmer downs Family Centre, William Moffet Express Way, Walmer Downs, Port Elizabeth, 6020

REGISTRATION DOCUMENT

PART 1: Course Chosen PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

Course Name _____

PART 2: Student Details PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

Full Name _____

Surname _____

Mr/Mrs/Ms _____ Initials _____

Date of Birth _____

Highest Grade Passed _____

Tel No: Cell _____

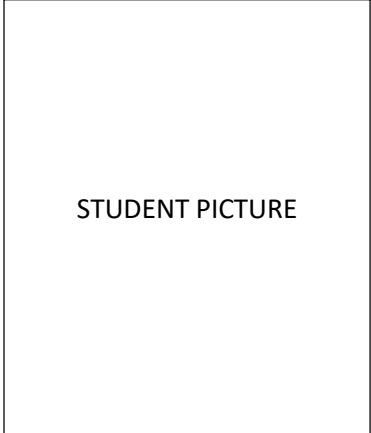
Home _____

Work _____

E-mail Address _____

Receive info per SMS and/or per Email

Home Address _____



Contact details of relative NOT living with you:

Name and Surname _____

Address _____

Relative Tel No. _____

PART 3: Payer's Details PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

IS THE STUDENT THE ACCOUNT PAYER? YES NO

If you answered NO, please let your sponsor complete and sign this section and ensure that we receive a Guarantor Letter.

Name _____

Surname _____

MR/MRS/MS _____

Id Number _____

Tel No: Cell _____

Home _____

Work _____

E-mail Address _____

Address _____

Monthly statement via: Email Postal Address

I hereby agree to the above Payment Option and the terms and Conditions as set out in Part 4.

Client Signature _____

Signed at _____ on this _____ day of _____

Student Signature _____



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PART 4: Education Details PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

Matric achieved: Yes No Year achieved: _____

School/College: _____

Year of Qualification: _____

Qualification level: _____

Town/City: _____

School/College Telephone number: _____

Computer literate: Yes No

Please provide details of your most recent school examination results:

Subject	Grade	Symbol/Level

Please elaborate why you are considering a career as a chef:



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PART 5: General Information PLEASE COMPLETE ALL FIELDS IN BLOCK LETTERS

1. Have you had any serious illness during the past five years?

Yes No

Please specify (if applicable): _____

2. Have you had any serious injury during the past five years?

Yes No

Please specify (if applicable): _____

3. Are you aware of any other medical or psychological conditions which may affect your studies?

Yes No

Please specify (if applicable): _____

4. Do you have any significant chronic conditions requiring on-going medical treatment?

Yes No

Please specify (if applicable): _____

5. Allergies

Yes No

Please specify (if applicable): _____

6. Anemia

Yes No

7. Anxiety

Yes No

8. Asthma

Yes No

9. Back injuries

Yes No

10. Chronic Skin Problems

Yes No

11. Diabetes

Yes No

12. Endocrine Disorder

Yes No

13. Epilepsy

Yes No



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14. Fainting Spells

Yes No

15. Hand injuries

Yes No

16. Head injuries

Yes No

17. Heart problem

Please specify (if applicable): _____

18. High blood pressure

Yes No

19. Rapid Heartbeat

Yes No

20. Kidney problems

Yes No

21. Learning disabilities

Yes No

Please specify (if you answered yes): _____

22. Migraine headaches

Yes No

23. Operations- List

24. Serious accidents

Yes No

25. Are you on chronic medication?

Yes No

Please specify (if you answered yes): _____

26. Other medical issues –

27. Medical Aid detail in case of an emergency:

Medical Aid name: _____

Medical Aid number: _____

Medical Aid Tel. number: _____

Family Doctor: _____

Family Doctor contact number: _____



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Culinary Academy of Port Elizabeth Guarantor Letter

Parent / Guardian / Guarantor

Guarantor: _____

ID Number: _____

Residential Address: _____

Code: _____

Postal Address: _____

Code: _____

Tel No. (H) _____

(W) _____

(C) _____

Student Name and Surname: _____

Please note that letter MUST be accompanied by a clear copy of your identification document.

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: (Please tick box)

Signature (of Guarantor)

Date



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Terms and Conditions

1. An application fee of R800.00 must be paid in full upon submission of the application form, please note that this is non-refundable.
2. This contract constitutes the entire and only agreement between Culinary Academy of Port Elizabeth 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 of a Student's course material being stolen/lost or damaged, it will be and additional cost of R 2000.00 to be paid to Culinary Academy of Port Elizabeth, to replace the required course material.
6. The price payable will be submitted by the method that the Student/Client has indicated on the registration document.
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 Academy of Port Elizabeth 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 Academy of Port Elizabeth.
10. The Student/Client is fully aware of the accreditation status of the specific course / courses that he / she is enrolling for.
11. Culinary Academy of Port Elizabeth may cede this agreement.
12. The Student/Client choose the home address as set out in this form as the domicilium citandi et executandi.
13. Culinary Academy of Port Elizabeth guarantees to provide tuition for the period stated per each course or programme from the date of registration. Any extensions of course or programmes period must be communicated to the college 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.
15. The Student/Client may cancel this agreement within 14 (fourteen) days from the date of registration by e-mailing a letter to info@culinaryacademype.co.za. Thereafter this agreement becomes legal and binding and shall not be cancelled. Cancellation after 14 (fourteen) will be at the sole discretion of Culinary Academy of Port Elizabeth, and all of the following requirements must be met: (a) Consent from Culinary Academy of Port Elizabeth must be obtained (b) Cancellation form must be complete (c) Study materials must be returned in the same condition as when received (d) All outstanding fees must be paid up to date to the month of cancellation (e) Cancellation fee of R1000 must be paid.
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 material changes to contact details within 7 (seven) days of such change.
18. The Culinary Academy of Port Elizabeth registration fee is an additional fee and not part of the full course fee.
19. Late payment fees will be charged on all overdue accounts prime plus 6.5% compounded.
20. 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.
21. I hereby give consent for an enquiry to be performed on my name at Credit Bureau.
22. Culinary Academy of Port Elizabeth reserves the right to cancel this contract.

Signed at _____ on this _____ day of _____
Student/ Client Signature _____