



Maccauvlei
Old Sasolburg Rd
121 Viljoensdrift
Vereeniging 1930

Tel: 0870041310/ 0711790610
E-mail: info@ndsacademy.co.za
Web: www.ndsacademy.co.za

LEARNER APPLICATION FORM

COURSE APPLIED FOR:

PERSONAL DETAILS

Full Name:			
Date of birth:	Gender:	Nationality:	
Country of Birth:	ID No.	Marital Status:	
Current address:			
City:	Province:	Postal Code:	
Contact Details	Cell:	Alternative No:	

PERSON RESPONSIBLE FOR YOUR FEES

Full Name:			
Relationship:		ID No	
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Company Name:		Phone:	Email:
Address:		Occupation:	

EMERGENCY CONTACT

Full Name:		
Address:		Phone:
City:	Province:	Postal Code:
Relationship:		

EDUCATIONAL QUALIFICATIONS

Highest Grade passed:	Year:	School attended:	
Area/ Town of school			Home Language:
Other qualifications:	Year:	School attended:	

OTHER LANGUAGE

English	Write			Read			Speak		
English	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Other:	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor

MEDICAL QUESTIONS	YES	NO		YES	NO
Do you smoke?			Are you currently pregnant or plan to start a family during future training?		
Do you suffer from any physical illness or disability?			Do you have any food allergies?		
If yes please specify			If yes please specify		
Are you on any type of chronic medication?					
If yes please specify					



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DOCUMENTS TO SUBMIT WITH APPLICATION

2 X Certified ID/Passport copies (Student)	2 X ID/Passport copies (person responsible for your fees if not parent/spouse)	2 X Certified copies of SAQA certificate (if not South African)
1 X Certified copy of latest results	Proof of residence	2 X Certified copies of highest grade passed certificates
2 X ID/Passport copies (parent/spouse)	Proof of medical aid membership(if available)	2 X certified copies of study permit (if not South African)

DECLARATION

I, THE UNDERSIGNED, HEREBY DECLARE THAT THE ABOVE ARE COMPLETE, TRUE AND CORRECT

Signature(student):	Date:
Signature (person responsible for fees):	Date:
BANKING DETAILS: NDIKHOYA DINALEDI SERVICES PTY LTD ACCOUNT NO.: 62395978194 BRANCH CODE: 252242 REFERENCE: STUDENT NAME & SURNAME	

WRITE A SHORT MOTIVATION LETTER ABOUT WHY YOU WANT TO STUDY IN THE FIELD OF HOSPITALITY AND WHY YOU SHOULD BE ENROLLED WITH NDS CHEFS ACADEMY BELOW.

FOR OFFICE USE ONLY

Is the application approved?	
Proof of payment:	Date:
Signature (Admin):	Date: