



ICA

INSTITUTE OF CULINARY ARTS

Farm Calenick, Zevenrivieren Road, Banhoek, Stellenbosch
PO Box 6314 UNIEDAL 7612, SOUTH AFRICA
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Enrolment Application Form

Intake being applied for : January 2013 2014

Programme being applied for: (please tick)

PASSPORT
SIZE
PHOTOGRAPH
OF
APPLICANT

ICA 3-Year Higher Diploma in Culinary Arts and Pâtisserie	<input type="checkbox"/>
City & Guilds 2-Year Diploma in Culinary Arts and Pâtisserie	<input type="checkbox"/>
City & Guilds 18-Month Diploma in Food Preparation and Culinary Arts	<input type="checkbox"/>
ICA/Aleit Academy 3-Year Higher Diploma specialising in Events Management	<input type="checkbox"/>

This form should be completed **by the applicant**. ALL pages and sections **MUST** be completed in full.

Office use	Application fee	Rating	Uniform size
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Personal Details	
Surname	
First Name	
Nickname	
Date of Birth	
Identity No.	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	
Home Language	
Second Language	
Postal Address	
	Code
Physical Address	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	
Chest Measurement	cm

Will you have your own transport during your first year of studies at the ICA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Where and how did you hear about the ICA?

Basic Educational Details	
School / College	
Year of Qualification	
Qualification Level	
Town / City	
School / College Tel.	
Computer Literate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Disabilities	

Work Experience Details	
Please indicate your work experience, beginning with the most recent (Including part-time of casual work if applicable)	
Company name	
Telephone	
Position	
Period Employed	From: _____ To: _____
Company name	
Telephone	
Position	
Period Employed	From: _____ To: _____

Sponsor Details	
Please indicate who will be paying for your studies:	
<input type="checkbox"/> SELF <input type="checkbox"/> EMPLOYER <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER	
Please provide the following details of your Sponsor	
Surname	
First Name	
Identity No.	
Company Name	
Nature of Business	
Postal Address	
	Code
Physical Address	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	
Sponsor's Signature	Date Signed

Additional Personal Details

Please provide the following details of your **Father / Step Father / Legal Guardian**

Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

Please provide the following details of your **Mother / Step Mother / Legal Guardian**

Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Cellular No.	
Telephone (H)	
Telephone (W)	
Fax	
Email	

General Information

Have you had any serious illness during the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify if applicable		
Have you had any serious injury during the past five years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify if applicable		
Are you presently undergoing any medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify if applicable		
Do you take any medication on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify if applicable		
Are you covered by a registered Medical Aid Fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Fund		
Membership No.		
Principle Member		

Required Enclosures			
These items should be included with this application:			
R400 Application fee		Curriculum Vitae	
Matric Certificate / Recent School Results		Other / Higher Qualifications	
Reference Letter 1		Reference Letter 2	
Copy of ID Book		1 x Colour Passport Size Photograph	

 Applicant's Full Names

 Applicant's Signature

 Date

It is understood that any false or misleading information provided on this application form shall be considered sufficient cause for the disqualification of this applicant.

ICA Banking Details	
Bank	Nedbank
Branch Name	Business Southern Peninsula
Branch Code	123209
Account No.	1232 062324
Reference	Student name and surname