



Daisy's Guest House

Open Minds. Infinite Possibilities.

PLEASE PRINT IN BLUE OR BLACK INK. ALSO ENSURE THE FOLLOWING HAVE BEEN ATTACHED:

- **ACADEMIC CERTIFICATES**
- **CERTIFIED COPY OF NATIONAL IDENTITY DOCUMENT**
- **SPONSOR'S PROOF OF RESIDENCE**
- **ACADEMIC CERTIFICATES**
- **CURRICULUM VITAE**
- **REGISTRATION FEE OF \$50.00 USD**

PROGRAM SELECTION:

PROGRAM CODE		PROGRAM CODE	
DGH8064CUL- FOOD PREPARATION AND CULINARY ARTS		DGH8064HOS - HOSPITALITY MANAGEMENT PROGRAM	
			DIPLOMA IN ACCOMODATION OPERATIONS
	DIPLOMA IN FOOD PREPARATION AND CULINARY ARTS		DIPLOMA IN RECEPTION OPERATIONS
	DIPLOMA IN PATISSERIE		DIPLOMA IN FOOD AND BEVERAGE OPERATIONS
	ADVANCED DIPLOMA IN CULINARY ARTS SUPERVISION		BARISTA SKILLS

PERSONAL DETAILS

FULL NAME: _____

DATE OF BIRTH: _____ **GENDER:** _____

EMAIL ADDRESS: _____

PHONE NUMBERS: _____

RESIDENTIAL ADDRESS:

ALLERGIES/ANY HEALTH RELATED INFORMATION: _____

NEXT OF KIN DETAILS:

FULL NAME: _____

CONTACT NUMBER(S) _____ **EMAIL ADDRESS:** _____

RESIDENTIAL ADDRESS:

SPONSOR DETAILS:

FULL NAME: _____

CONTACT NUMBER(S) _____ **EMAIL ADDRESS:** _____

RESIDENTIAL ADDRESS:

ACADEMIC DETAILS:

LAST SCHOOL ATTENDED:

LEVEL ATTAINED:

SCHOOL CONTACT DETAILS:

ACADEMIC CERTIFICATES ATTACHED:

PRIOR LEARNING:

HAVE YOU DONE ANY OTHER PROGRAMS RELATED TO THE ONE YOU ARE APPLYING FOR? IF SO LIST PROGRAMS BELOW:

DO YOU HAVE AN ENROLMENT NUMBER WITH CITY AND GUILDS THAT YOU MIGHT WANT TO USE?

DECLARATION:

I DECLARE THE ABOVE INFORMATION TO BE TRUE.

SIGNED: _____

FOR OFFICE USE:

REGISTRATION DATE: _____

REGISTERED BY: _____

REGISTRATION FEES PAID: _____

RECEIPT NUMBER: _____

INTAKE APPLIED FOR: _____