



www.sahtc.com

PREFERRED YEAR TO COMMENCE STUDIES: 20 [] []

PREFERRED INTAKE

February		June		September	
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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. **Registration fee of USD\$50.00 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.

RTGS

Stanbic Bank, Belgravia Branch
Account Name: Decanter Enterprises
Account Number 914 000 1066 780

NOSTRO FCA DEPOSITS

Stanbic Bank, Belgravia Branch
Account Name: Decanter Enterprises
Account Number: 914 0000 907 994

ECOCASH

*151*2*3*161479#
Ref #: Trainee's Name

I / We _____ hereby give my / our consent that:

_____ may study at the International Hospitality Business School.

_____ Signature of applicant

_____ Signature of Sponsor Detail & Date