



the Mount

Professional School of Cookery

at The Mount Restaurant , Hooggelegen Road, Durbanville

City & Guilds of London: 843243

E-mail: info@themount.co.za

Tel: 021 9750103

Jan 2005

APPLICATION FORM

Date:

Parent or Guardian Surname:		Full names:		Occupation:	
Name of Person responsible for payment of fees and to whom reports must be sent:		Mother:			
Signature:		Father:			
Residential Address:		Guardian:			
		Postal Address:			
Cellphone:		Tel. Home:		Tel. Work:	
				Fax:	
I.D. No.		Other Contact numbers:			
Do you have internet access?		E-mail address:			

Candidate Registration:

1	Candidate name:	Candidate Surname	Birth Date	M / F	ID Number

School Attended:	Year Matriculated:
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Subjects and Symbols attained:			
1	3	5	Other:
2	4	6	

Further Qualifications / Work Experience:	

Medical problems / Allergies:

Uniform Measurements:		Do you have internet access?	E-mail Address:
Chest (in cm)			
Pants (S, M, L, XL)			
Shoe Size			

Cellphone number:	Home Telephone:	Other Telephone:
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Payment Details:

Cheque	Cash:	Credit Card:	Other:
All post dated cheques received?	Yes No	Number of cheques: _____ X R	= R
Cardholder name:	Card nr.	Expire:	
Straight: Yes No	Budget: Yes No	Months	Last 4 numbers on card:
Bank details:	Acc holder name:	Type:	Bank:
Account number:	Branch number:	Instalment: R	Term: months

Signature:	Name:	Date:
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