



the Mount
Professional School of Cookery

at The Mount Restaurant , Hooggelegen Road, Durbanville

City & Guilds of London: 843264
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:			
		Father:			
		Guardian:			
Residential Address:		Postal Address:			
Signature:					
Cellphone:		Tel. Home:		Tel. Work:	
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:		
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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