

Silverspoon Hospitality Academy / ChefMLK School of Cooking
 Shop B1 ,Old Power Station ,Southern Industrial ,Windhoek
 PO Box 5546 Ausspanplatz Windhoek .Namibia
 Tel: +264 81 128 0496 or +264 81 124 3790
 E-mail info@silverspoon.com.na
 Website: www.silverspoon.com.na



PASSPORT SIZE
 PHOTOGRAPH
 OF
 APPLICANT

Enrolment Application Form

Year of Intake being applied for: _____

Diploma Cook
 Diploma Chef
 Certificate Kitchen Assistant
 Diploma Food & Beverage Service

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

Office use	Interview Date	Rating	Uniform size
------------	----------------	--------	--------------

Personal Details			
Surname			
First Name			
Nickname			
Date of Birth			
Identity No.	Age		
Sex	Male	Female	
Nationality			
Country of Birth			
Home Language			
Second Language			
Student Visa <small>(Non-Namibian Residents)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student Visa Expiry Date
Postal Address			
Code			Code
Physical Address			
Cellular No.			
Telephone (H)			
Telephone (W)			
Fax			
Email			

Do you have a Drivers License?	Yes	No
	Yes	No
How did you hear about Silver Spoon		

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

Work Experience Details	
<small>including part-time or casual work</small>	
Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____
Company Name	
Telephone	
Position Held	
Period Employed	From: _____ To: _____

Sponsor Details					
<small>Please indicate who will be paying for your studies</small>					
	SELF	EMPLOYER	PARENT	GUARDIAN	OTHER
Surname					
Full Name					
Identity No					
Company Name					
Postal Address					
Physical Address					
Cell No					
Telephone (H)					
Telephone (W)					
Fax					
Email					
Sponsors Signature					Date Signed

Additional personal details	
Father / Legal Guardian Details:	
Surname	
First Name	
Identity No.	
Occupation	
Company Name	
Postal Address	
	code
Residential Address	
Cell No	
Telephone (H)	
Telephone (W)	

General Information				
Have you had any serious illness during the past five years?		Yes		No
<i>Please specify (if applicable)</i>				
Have you had any serious injury during the past five years?		Yes		No
Please specify (if applicable)				
Do you have any significant chronic conditions requiring on-going medical treatment?		Yes		No
Please specify (if applicable)				
Are you aware of any other medical or psychological conditions which may affect your studies?		Yes		No
Please specify (if applicable)				
Allergies		Yes		No
Anemia		Yes		No
Anxiety		Yes		No
Asthma		Yes		No
Back Injuries		Yes		No
Chronic Skin Problems		Yes		No
Diabetes		Yes		No
Endocrine Disorder		Yes		No
Epilepsy		Yes		No
Fainting Spells		Yes		No
Hand Injuries		Yes		No
Head Injuries		Yes		No
Heart Problems		Yes		No
High Blood Pressure		Yes		No
Irregular or Rapid Heartbeat		Yes		No
Kidney Problems		Yes		No
Learning Disabilities		Yes		No
<i>Please specify (if applicable)</i>				
Migraine Headaches		Yes		No
Operations - List:		Yes		No
Serious Accidents		Yes		No
Medication - List:		Yes		No
Other - List		Yes		No

Required Documents			
ID Document (copy)		Colour Passport / Id size photograph	
Matric Certificate (copy)			

Applicant's Full Name

Parent / Sponsor / Guardian's Full Name

Applicant's Signature

Parent / Sponsor / Guardian's Signature

By my signature above, I understand that any false or misleading information provided on this application form shall be considered sufficient cause for disqualification of applicant.