



Bloemfontein
Tel: 051- 451 9122

7 Van Vuuren Avenue,
Groenvlei, Bloemfontein

E-mail: admin@fbibfn.co.za
www.fbibfn.co.za

Suite 276, Private Bag X01
Brandhof, 9324

ENROLMENT APPLICATION FORM

| |
|---|
| PASSPORT SIZE PHOTOGRAPH OF APPLICANT |
|---|

Advanced Culinary Arts
Training Program

| RECEIPT | |
|-----------------|----|
| FOR OFFICE ONLY | |
| Invoice no. | |
| Jacket Size | |
| ACCOMMODATION | |
| YES | NO |

Intake being applied for:

| | | | |
|--|--|--|-------------------------------|
| | QCTO. Occupational Certificate: Chef (101697) - NQF Level 5 Including City and Guilds Diploma in Food Preparation & Diploma in Patisserie | | |
| | City & Guilds Diploma | | Food Prep = 1 Year on site |
| | | | Patisserie = 6 months on site |

Student Details

| | | | |
|------------------|--|------------------------|--|
| Surname | | Sex: Male or Female | |
| First Name | | Nationality | |
| Date of Birth | | Home Language | |
| ID Number | | Second Language | |
| Postal Address | | Residential Address | |
| Postal Code | | Cellular Number | |
| Telephone (Home) | | Telephone (Work) | |
| E-Mail : | | Fax | |

Where / How did you find out about FBI Chef School Bloemfontein (tick one)

| | | | | |
|--|---------------------------------------|---|---|-----------------------------------|
| School presentation <input type="checkbox"/> | Social Media <input type="checkbox"/> | Web / Internet <input type="checkbox"/> | Current student <input type="checkbox"/> | Teacher <input type="checkbox"/> |
| Trade Show <input type="checkbox"/> | Advert <input type="checkbox"/> | Friend <input type="checkbox"/> | Previous student <input type="checkbox"/> | Referral <input type="checkbox"/> |
| Other (please explain) | | | | |

Basic Educational Details

| | |
|--|---|
| School / College | Highest Qualification |
| Town/City | Final Year |
| School / College Tel | Computer Literate: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please tick the programs you can operate: <input type="checkbox"/> MS Excell <input type="checkbox"/> MS Word <input type="checkbox"/> Power Point | |
| Any physical or learning disabilities that could hinder your studies? : | |

Work Experience Details

Please indicate your work experience, beginning with the most recent (Include part-time or casual work if applicable)

| | |
|--------------|---------------------------|
| Company Name | Position |
| Telephone | Period Employed From: To: |
| Company Name | Position |
| Telephone | Period Employed From: To: |

Sponsor Details

Please indicate who will be paying for your studies

Self
 Employer
 Parent
 Guardian
 Other _____

Please provide the following details of your Sponsor, if applicable

| | |
|----------------|------------------|
| Surname | Name |
| ID Number | Company Name |
| Postal Address | Physical Address |
| Postal Code | Postal Code |
| E-Mail | Cellular Number |
| Tel | Fax |

Emergency Contact Details

| | |
|------------------|--|
| Surname | |
| Occupation | |
| Telephone (Work) | |
| Telephone (Home) | |
| E-Mail | |
| First Name | |
| Company Name | |
| Fax | |
| Cellular Number | |
| Relation | |

Additional Educational Details

Please provide details of your most recent school Examination Results

| Subject | Symbol |
|---------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Any Other Course/Training completed

Contactable References

Please provide details of at least two references (These may not be direct family members)

| | |
|--------------|--|
| Name | |
| Relationship | |
| Surname | |
| Tel | |
| Name | |
| Relationship | |
| Surname | |
| Tel | |

General Medical Information

If you have answered yes to any of the following questions, please specify

| | | |
|--|--|--|
| Have you had any serious illness during the past five years? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Have you had any serious injury during the past five years? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you presently undergoing any medical treatment? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you take any medication on a regular basis? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have any allergies? Please provide details. | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Do you have any medically diagnosed psychiatric conditions? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | |
|---|--|
| Are you covered by a registered Medical Aid fund? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Fund Name | |
| Membership Nr | Principal Member |

Why are you considering culinary arts as a career? Explain

Required Enclosures

These items should be included with this application

- | | |
|--|---|
| <input type="checkbox"/> ID Copy (Certified) <input type="checkbox"/> ID Copy of Sponsor (Certified) <input type="checkbox"/> ID Copy (Uncertified) <input type="checkbox"/> Reference letter 1 <input type="checkbox"/> Reference letter 2 <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Sponsor's proof of address (Certified Copy) <input type="checkbox"/> Grade 12 Certificate Copy (Uncertified) <input type="checkbox"/> Grade 12 Certificate / Recent School Results Copy (Certified) <input type="checkbox"/> 4 x ID Photographs (Colour) <input type="checkbox"/> Medical Aid Card copy (Certified) <input type="checkbox"/> Other Certificate Copies |
|--|---|

I, _____ (the person responsible for payment of student fees for the applicant), hereby confirm that neither myself or the student is currently under an administration order, that is issued by a competent court for the management of debt.

Sponsor Signature:

Date:

Applicant's Signature:

Date:

If it is understood that any false or misleading information provided in this application form, shall be considered sufficient cause for the non-acceptance or disqualification of the applicant!

QCTO
Occupational Certificate: Chef
2 Year (101697)

City & Guilds Diploma
Food Prep = 1 Year on site
Patisserie = 6 months on site

| |
|---|
| 2025 Rates: |
| Deposit: R45 000 payable on acceptance |
| Remainder: R 173 300 |
| 22 monthly instalment plan: R7880 Jan'25 – Oct'26 Per semester plan: R57 800 Jan'25, Jul'25 & Jan'26 |
| Rates Include Uniform: 1 x Show Jacket 2 x Chef Jackets 3 x Aprons 2 x Skull Caps 2 x Neck Ties Winter Jacket available at own cost – enquire at Reception |
| Rates Include for class: All ingredients All study material SACA Membership for 2 years Professional Knife Set |
| Rates Include for training: First Aid Training - Level 1 Introduction to Fire Fighting Training SARS Workshop Introduction to wine Chemical Training |
| Rates Include Exam Fees: All City & Guilds International Examination Fees (Theory & Practical) City & Guilds Certificate in Food Safety Rates EXCLUDE QCTO Trade test examination. (Rates not yet released) |

| | | |
|--|--|--|
| 2025 Rates: | | |
| Deposit: R45 000 payable on acceptance | | |
| Remainder Food Prep: R95 650 Remainder Patisserie: R77 650 | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Food Prep: 11 monthly instalment plan: R8700 Jan – Nov'25 Per semester plan: R47 825 Jan/July'25 </td> <td style="width: 50%; vertical-align: top;"> Patisserie: 5 or 10 monthly instalment plan: R15 530 / R7 765 Exams only after full payment is received </td> </tr> </table> | Food Prep: 11 monthly instalment plan: R8700 Jan – Nov'25 Per semester plan: R47 825 Jan/July'25 | Patisserie: 5 or 10 monthly instalment plan: R15 530 / R7 765 Exams only after full payment is received |
| Food Prep: 11 monthly instalment plan: R8700 Jan – Nov'25 Per semester plan: R47 825 Jan/July'25 | Patisserie: 5 or 10 monthly instalment plan: R15 530 / R7 765 Exams only after full payment is received | |
| Rates Include Uniform: 1 x Show Jacket 1 x Chef Jackets 2 x Aprons 2 x Skull Caps 2 x Neck Ties Winter Jacket available at own cost – enquire at Reception | | |
| Rates Include for class: All ingredients for practical classes All study material SACA Membership for 2 years Professional Knife Set | | |
| Rates Include for training: First Aid Training - Level 1 Introduction to Fire Fighting Training SARS Workshop Introduction to wine Chemical Training | | |

All non – SA residents: Please make payment enquiries with Reception on
Tel: 051 451 9122 or E: admin@fbibfn.co.za

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| HAVE YOU APPLIED FOR A STUDENT LOAN? ATTACH PROOF OF CONFIRMATION PLEASE | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| WOULD YOU BE INTERESTED IN ON-SITE ACCOMMODATION? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

Banking details:

Bank: Standard Bank
Account Name: Burgandy Rose t/a Food & Beverage Institute
Branch Name: Brandwag
Branch Code: 055 534
Account Number: 041 305 361

Ref: Student Number; Account Number or Student Name