FORM

1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

Learner Name & Surname…….

APPRENTICESHIP - OCCUPATIONAL CHEF

Dear LEARNER

Please take some time to complete this application form as accurately as possible. This will prevent delays in accepting you for the training you want to go through. Also supply us with a copy of your highest academic qualification, your ID copy and CV with your personal information such as Email address, physical address and contact details. The document deems to serve as a valid contract once you are accepted for training at this institution.

PLEASE ENSURE THAT THESE DOCUMENTS ARE SUBMITTED TOGETHER WITH YOUR APPLICATION:

1. **Certified Matric/Grade 12 certificate (not older than 3 months)**
2. **Certified ID Copy (not older than 3 months)**
3. **CV**
4. **Proof of household Income**

For office use only:

REFERENCE NUMBER: ……..

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SECTION A

LEARNER DETAILS
(Please print IN BLOCK LETTERS using a BLACK PEN) OR Indicate Correct choice with an ☒

TITLE	MR	MS	MISS	**OTHER (SPECIFY)**										
SURNAME														
FIRST NAME														
MIDDLE NAME														
NATIONALITY														
ID /PASSPORT NR														
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y						
GENDER	M	F	**RACE**			A	C	I	W	**DISABLED**			YES	NO
Learner Cell number														
Learner valid Email address														
Best communication method	**SMS**									**EMAIL**				
Learner Home Number OR Another Contact Number of Family Member														
(If Family Member given above, please provide contact Name, Surname and Relationship)														
IN CASE OF EMERGENCY, please provide the contact Name, Surname and Relationship of an additional person or family member														

LEARNER postal address	**LEARNER residential address**
CODE	**CODE**

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SECTION B

COURSE INFORMATION

Indicate which learning programme you wish to register for with an ☒ in spaces provided

Qualification Type	Course Name	NQF Level	Duration (Full Time)	Tuition	Indicate with ☒
Occupational	Chef	5	3 years	Funded	X

SECTION C

EDUCATION

Please complete the information below in spaces provided

HIGHEST GRADE PASSED	SCHOOL/COLLEGE NAME	GR	YEAR	CERTIFICATE Y/N

POST HIGHSCHOOL QUALIFICATION NAME	INSTITUTION NAME	NQF LEVEL	YEAR	TYPE OF QUALIFICATION

EMPLOYMENT HISTORY (MOST RECENT)

EMPLOYERS NAME	JOB TITLE	FROM (DATE)	TO (DATE)	REASON FOR LEAVING

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SECTION D

DECLARATION
Please truthfully complete the information below in spaces provided.
It is a legal requirement of HTA to ensure the health and safety of learners and employees. Should you fail to declare something that could affect your or other person's health and safety, it may result in your expulsion at a later stage. HTA hereby refers to its stated Indemnity clause

Do you have any illness or suffer from any condition that could affect your studies or practical work?	YES	NO
Are you pregnant, or do you foresee becoming pregnant whilst studying this course?	YES	NO
Are you taking any long-term or chronic medication?	YES	NO
Do you take drugs, alcohol or any legally prohibited substances?	YES	NO
Disability	YES	NO

Type of disability	Sight	Hearing	Mental	Physical	Other
If disability selected please state the severity					

If YES to any of these questions, note that HTA may NOT prohibit you from applying; yet you may be prevented from participating in some activities, OR you may require special assistance

SECTION E
PAYMENT DETAILS

NATURE OF REGISTRATION
Indicate with an ☒ in the appropriate block

LEARNERSHIP		UNEMPLOYED PERSON		TRADE TEST	
APPRENTICESHIP	X	TECHNICAL COLLEGE		RPL	
PRIVATE LEARNER		BURSARY			
PRIVATE SPONSOR		OTHER (SPECIFY)			

PAYEE INFORMATION
Indicate with an ☒ in the appropriate block

RESPONSIBILITY			PAYMENT METHOD	
Employer (Company)			Full Payment	
SETA(CATHSSETA)	X		Deposit and monthly installment	
Self			Registration fee and ( )* payments	
Other (Specify)			N/A	X

Note: * Please indicate number of payments to be made. A certificate will not be issued unless the entire course fee has been paid up.

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BENEFACTOR DETAILS (DO NOT COMPLETE)

TITLE	MR	MS	MISS	**OTHER (SPECIFY)**										
SURNAME														
FIRST NAMES														
EMPLOYER NAME	CATHSSETA													
EMPLOYER CONTACT DETAILS (TEL)	011 217 0600													
NATIONALITY	R	S	A											
ID /PASSPORT NR	N	O	T		A	P	P	L	I	C	A	B	L	E
Cell number					0	1	1	2	1	7	0	6	0	0

Postal address	**Residential address**
Same as residential	**270 George Road**
	Noordwyk
	Midrand
CODE	**CODE 1687**

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I, …… (full names and surname)the undersigned person agree that the above information is true and correct. I further agree to abide by the rules and regulations of the Mpumalanga Regional Training Trust (Hospitality and Tourism Academy).

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Signature of learner **Date**