



Coronation Court, Corner Coronation and Van Wyk Streets, Maitland, Cape Town www.senseoftastechefschoo.com

APPLICATION FORM 19th January 2026 to 12th April 2026 Mondays 16h00 to 20h30

KINDLY SIGN EACH PAGE

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Kitchen Assistant Part-Time Course 2026

R5000 deposit must be paid immediately in order to guarantee your space. The balance of payment must be paid by 5th January 2026. Please note that the deposit of R5K is non-refundable.

STUDENT DETAILS:

FIRST NAMES: _____

SURNAME: _____

DATE OF BIRTH: _____

ID / PASSPORT NUMBER: _____

NATIONALITY: _____

HOME LANGUAGE: _____

OTHER SPOKEN LANGUAGE: _____

LOCAL ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____



LAST HIGH SCHOOL/COLLEGE ATTENDED: _____

HIGHEST GRADE/CERTIFICATION PASSED: _____

ALLERGIES: _____

CHRONIC MEDICAL CONDITIONS: _____

DOCTOR'S NAME AND CONTACT: _____

GUARDIAN/PARENT/SPONSOR DETAILS:

NAME: _____

RELATIONSHIP TO STUDENT: _____

ID NUMBER: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

LOCAL PERSON TO CONTACT IN AN EMERGENCY:

NAME: _____

RELATIONSHIP TO STUDENT: _____



CONTACT NUMBER/S: _____

EMAIL ADDRESS: _____

PERSON RESPONSIBLE FOR PAYING OF FEES:

NAME: _____

RELATIONSHIP TO STUDENT: _____

ID NUMBER: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

ADDRESS: _____

SIGNATURE: _____

I hereby understand, agree, and accept the payment terms and fee requirement as listed above.

STUDENT NAME: _____

SIGNED: _____ DATE: _____

GUARDIAN NAME: _____

SIGNED: _____ DATE: _____



PERSON RESPONSIBLE FOR FEES NAME: _____

SIGNED: _____

DATE: _____

Sense of Taste Chef School: Banking Details

Account Holder Name: **Golden Rewards 2060 cc T/A The Sense of Taste Chef School**

Bank: **Nedbank**

Branch: **Foreshore 108 309**

Account Number: **100 604 1141**

Swift Code: **NEDSZAJJ** (Required for International payments only)

Kindly note that should the student decide not to complete the course for any reason the student is liable for all the fees outstanding.