



Date: \_\_\_\_\_

This information will remain strictly confidential. The application for admission will be used to better understand each student's needs.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address(City, District, Province): \_\_\_\_\_

Gender: Male/ Female/ Others

Date of birth(dd/mm/yyyy): \_\_\_\_\_

Email address: \_\_\_\_\_

Contact no.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATION**

☐ SEE ☐ +2 ☐ Others

**COURSES**

<input type="checkbox"/> Barista	<input type="checkbox"/> Spa & Wellness	<input type="checkbox"/> DJ
<input type="checkbox"/> Bartending	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> General Cook & Helper
<input type="checkbox"/> Bakery	<input type="checkbox"/> FNB Service	<input type="checkbox"/> Nepali Cuisine

**PREFERRED TIME SHIFT**

☐ Morning ☐ Day ☐ Evening

DISCIPLINARY HISTORY

1. Have you ever been sanction or discipline by any academic institution? ☐ Yes ☐ No

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_

QUESTIONNARE

1. Why did you decide to pursue a career in culinary arts?

\_\_\_\_\_  
\_\_\_\_\_

2. Where do you see yourself in 5 years?

\_\_\_\_\_  
\_\_\_\_\_

3. Do you have any physical or health problems that our college should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any food or beverage allergies?

\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any religious beliefs that prevent you from eating, drinking, or working with any food or beverages?

\_\_\_\_\_  
\_\_\_\_\_

I understand that this application is part of the school's admissions process and that it does not guarantee my admission to the school. I have filled out the form truthfully, and I understand that providing false information may result in my admission being denied.

Signature: \_\_\_\_\_

Date:

