

# DAINESS CHEF'S SCHOOL APPLICATION FORM



## PERSONAL DETAILS

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Others <input type="text"/>
Surname	Firstname	Other Names	
Occupation	Marital Status	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Nationality	Residential Address	Date of Birth (dd/mm/yy)	
Contact Number	Email		
ID Type	ID Number		
Guardian Name	Guardian Contact	Emergency Contact	

## EDUCATIONAL BACKGROUND

Level of Education	Last Sch. Completed
Course/Program Studied	

## PROGRAMME CHOICE (Please tick the programme of choice)

### PASTRY

### COURSE DURATION

<input type="checkbox"/> Fulltime Pastry Chef	1 Year	
<input type="checkbox"/> Intensive Pastry Course	24 weeks	
<input type="checkbox"/> Fulltime Baker	12 weeks	
<input type="checkbox"/> Chocolate Arts	12 weeks	
<input type="checkbox"/> Dessert Plating Art	12 weeks	
<input type="checkbox"/> Sponge and Cake Making	12 weeks	
<input type="checkbox"/> Viennoiserie	12 weeks	
<input type="checkbox"/> Cake Decoration	6 weeks	
<input type="checkbox"/> Shortcrust Pastry	6 weeks	
<input type="checkbox"/> Pastry Crash Course	8 Saturdays	

**COOKERY**

**COURSE DURATION**

<input type="checkbox"/> Professional Cookery Chef	1 Year	
<input type="checkbox"/> Professional Cookery Chef	24 weeks	
<input type="checkbox"/> Salads and Dressings	8 weeks	
<input type="checkbox"/> Soups and Sauces	12 weeks	
<input type="checkbox"/> Plating Art	8 weeks	
<input type="checkbox"/> A' la carte Menu Presentation	12 weeks	
<input type="checkbox"/> Proficiency	12 weeks	
<input type="checkbox"/> Vegetarian Dishes	12 weeks	
<input type="checkbox"/> Ghanaian Cuisine	12 weeks	
<input type="checkbox"/> Cookery Crash Course	12 Saturdays	
<input type="checkbox"/> Vacation Cooking School	6 weeks	
<input type="checkbox"/> The Home Cook	6 weeks	
<input type="checkbox"/> The Advanced Cook	6 weeks	
<input type="checkbox"/> Pastry and Cookery Combo	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 months

**MEDICAL HISTORY**

Do you have any Disabilities?      Yes       No       if Yes, state

Do you have any Allergies?      Yes       No       if Yes, state

**DECLARATION**

I .....certify that all information on ths application is complete and correct. I further understand that withholding information requested or giving fasle information may ake me inelligible for admission and enrollment.

If I am admitted into Dainess Chef’s School, i will abide by all policies and regualtions of the institution

.....  
Signature

.....  
Date

**FOR OFFICE USE ONLY**

Application Received by .....

Date.....

Signature .....