DAINESS CHEFS SCHOOL APPLICATION FORM

PERSONAL DETAILS

Mr ☐ Mrs ☐ Ms ☐ Others ☐

Surname	Firstname	Other Names

Occupation	Marital Status	Age	Gender
			M ☐ F ☐

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		
☐ Certified Sous Chef	2 Years		
☐ Certified Culinarian	1 Year		
☐ Fundamental Certified Cook	24 weeks		
☐ Viennoiserie	4 weeks		
☐ Bakers Mastery Course	8 weeks		
☐ Pastry Crash Course	10 Saturdays		
☐ Cake Decoration	☐ 12 weeks	☐ 6 weeks	

COOKERY	COURSE DURATION		
☐ Certified Sous Chef	2 Years		
☐ Certified Culinarian	1 Year		
☐ Fundamental Certified Cook	24 weeks		
☐ Vegetarian Dishes	4 weeks		
☐ Ghanaian Cuisine	4 weeks		
☐ Cookery Crash Course	10 Saturdays		
☐ Pastry and Cookery Combo	☐ 2 Years	☐ 1 Year	

COMBINED SHORT COURSES

☐ Vacation Cooking School	6 weeks		
☐ Event Dishes	12 weeks		
☐ Cook like A Pro	☐ 12 weeks	☐ 6 weeks	

MEDICAL HISTORY

Please disclose any pre-existing medical condition that may impact your participation in the institutional activities or require special accomodations

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

CONFIDENTIALITY CLAUSE

DCS will maintain the confidentiality of the student's medical information in accordance with relevant laws and regulations.

DECLARATION

I .....certify that all information on this application is complete and correct. I further understand that withholding information requested or giving fasle information may make 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

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Signature Date

FOR OFFICE USE ONLY

Application Received by .....

Date..... Signature .....

FEES PAID ARE NOT REFUNDABLE.