

## LEGEND HOSPITALITY SCHOOL

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Zebra Country Lodge, R573, Kwamahlanga  
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### ENROLMENT APPLICATION FORM

|   |
|---|
| Passport size<br>photograph<br>of Applicant |
|---|

|                            |  |             |  |
|----------------------------|--|-------------|--|
| Receipt                    |  |             |  |
| <b>FOR OFFICE USE ONLY</b> |  |             |  |
| Receipt no.                |  | Jacket size |  |

INTAKE BEING APPLIED FOR JANUARY / JULY

Year: 2009

#### Personal Details

Surname: \_\_\_\_\_ Sex:  Male  Female

First Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Language: \_\_\_\_\_

Identity Number: \_\_\_\_\_ Second Language: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Tel (H): ( ) \_\_\_\_\_ Tel: (W) ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How did you hear about LHS? \_\_\_\_\_

#### Basic Educational Details

School/College attended: \_\_\_\_\_ Highest Qualification: \_\_\_\_\_

Town/City: \_\_\_\_\_ Final Year: \_\_\_\_\_

School/College Tel: \_\_\_\_\_ Computer Literate: \_\_\_\_\_

Any learning disabilities? \_\_\_\_\_



### Work Experience Details

Please indicate your work experience, beginning with the most recent (Include part-time or casual work if applicable)

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Tel: \_\_\_\_\_ Period Employed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Tel: \_\_\_\_\_ Period Employed: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

### Sponsor Details

Please indicate who will be paying for your studies

Self       Employer       Parent       Guardian       Other

Please provide the following details of your Sponsor, if applicable

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Identity Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Tel: (    ) \_\_\_\_\_ Fax: \_\_\_\_\_

Sponsors' Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Additional Personal Details

Please provide details about your guardian, if applicable

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_

Tel: (W) (    ) \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: (H) (    ) \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



### Additional Educational Details

Please provide details of your most recent school Examination Results

| Subject | Grade  | Symbol |
|---------|--|--------|
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |
| _____   | <input type="checkbox"/> Higher <input type="checkbox"/> Standard <input type="checkbox"/> Lower | _____  |

Any other Course/Training: \_\_\_\_\_

### Referee Details

Please provide details of at least two Referees (These may not be direct family members)

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

### General Information

Have you had any serious illness during the past five years?    Yes / No

Have you had any serious injury during the past five years?    Yes / No

Are you presently undergoing any medical treatment?    Yes / No

Do you take any medication on a regular basis?    Yes / No

Are you covered by a registered Medical Aid fund?    Yes / No

Fund Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Principal Member: \_\_\_\_\_



