



LEGEND HOSPITALITY SCHOOL

Entabeni Safari Conservancy,
Haakdoring Rd,
Mokopane,
Sterkrivier,
0600

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ENROLMENT APPLICATION FORM

PERSONAL DETAILS:

Name:	
Surname:	
Date of Birth:	
ID/Passport No#:	
Sex:	
Nationality:	
Home Language:	
Residential Address:	
Postal Address:	
Tel (h):	
Email address:	
Tel (cell):	

Where did you hear about LHS? _____



SPONSOR DETAILS:

(Please indicate who will be paying for your studies:)

Parent		Employer		Guardian	
Yourself		Other(state)			

Please provide the following details of your Sponsor

Name:	
Surname:	
Date of Birth:	
ID/Passport No#:	
Sex:	
Nationality:	
Home Language:	
Residential Address:	
Postal Address:	
Tel (h):	
Email address:	
Tel (cell):	
Employer Name:	
Occupation:	
Physical Address:	
Company Tel:	

Sponsors Signature:



Please provide the following details of your Guardian if different from your sponsor

Name:	
Surname:	
Date of Birth:	
ID/Passport No#:	
Sex:	
Nationality:	
Home Language:	
Residential Address:	
Postal Address:	
Tel (h):	
Email address:	
Tel (cell):	
Employer Name:	
Occupation:	
Physical Address:	
Company Tel:	

Guardian's Signature:

Work Experience:

(Please indicate your most recent position first, including part-time or casual work)

Company:	
Tel No#:	
Position:	
Period employed:	



Additional Courses/training:

(Please provide any details of any additional short courses you have completed)

Referee Details:

(Please provide details of at least two referees- these may not be direct family members)

Name and Surname:	
Relationship:	
Tel No#:	

Name and Surname:	
Relationship:	
Tel No#:	

Name and Surname:	
Relationship:	
Tel No#:	

General Information:

(Please circle the appropriate answer)

- | | |
|---|--------|
| 1. Have you had any serious illnesses in the last five years? | Yes/No |
| 2. Have you had any serious injury in the past five years? | Yes/No |
| 3. Are you presently undergoing any medical treatment? | Yes/No |
| 4. Do you take any medication on a regular basis? | Yes/No |
| 5. Are you covered by a registered Medical Aid? | Yes/No |
| 6. Do you suffer from any allergies? | Yes/No |

Medical Aid Details:

Fund Name:	
Option:	
Membership Number:	
Principal Member name:	



Application Checklist:

(Please ensure that the following documents/items are included on submission of your application)

	Copy of Identification Document
	Copy of Matric /Senior Certificate or most recent school report
	Copy of 1 st reference letter
	Copy of 2 nd reference letter
	Copy of detailed Curriculum Vitae including additional certificates
	2 x original ID Photographs

It is understood that any false or misleading information provided in this application shall be considered sufficient cause for the disqualification of the applicant.

Applicants Full Name and Surname: _____

Applicants Signature: _____ Date: _____

***Deposit payable on acceptance, balance as stipulated in student contract. Proof of payment to be sent to LHS.**

Banking Details:

First National Bank
Account number: 62798893428
Branch: Kolonnade
Branch Code: 251037
Reference: LHS (Surname)