

Certificate in Professional Culinary Arts Information Record

Name: _____

Address: _____

Telephone: _____

Mobile: _____

Email: _____

Date of birth: _____

Age: _____

Please ensure that all questions on this form are completed and that all information is completed in your own handwriting.

1. What is your present situation: working, school etc?

2. What specifically interests you about the Professional Culinary Arts programme?

3. What do you hope to gain from a successful completion of the Professional Culinary Arts Programme?

4. In what way do you feel your previous experience has equipped you for this programme?

5. The Certificate in Professional Culinary Arts Programme is a fulltime 34 week programme which sees students undertake a minimum of 22 hours per week in a classroom environment. In addition to this time there is a considerable amount of student directed work, study, and assignment work to be completed. Approximately how many hours per week, out side classroom hours, would you be able to dedicate towards study?

6. Please give an example of what you consider to be your personal strengths and weaknesses?

Strengths

Weaknesses

_____	_____
_____	_____
_____	_____

7. Please indicate how confident you are when working within a team environment?

Very confident 5 4 3 2 1 Not confident

8. Please indicate how confident you are working in an unsupervised situation if required?

Very confident 5 4 3 2 1 Not confident

9. Please indicate how well you relate and communicate with others?

Very well 5 4 3 2 1 Not very well

10. Please indicate how confident and computer literate you consider yourself to be in regards to basic Microsoft software?

Very confident 5 4 3 2 1 Not confident

11. If your application to join the Professional Culinary Arts Programme is not successful this year, what are your plans for the next 12 months?

EDUCATION DETAILS

Please state the last secondary school / college you attended and approx dates; e.g. 2000 to 2004 etc?

School

Dates

Please complete the following table with your school qualifications to date

Subject	School Cert grade or mark	NCEA level	6th form grade	U.E.	Bursary	Other
Maths						
English						

Please state any additional education studies and level of achievement.

Qualification studied at:

Course name:

Qualification:

RECORD OF EMPLOYMENT (Please list the most recent first)

Employer	Place/address	Position held	Dates

HEALTH

Do you consider your health to be (please circle). Poor Good Excellent

Do you suffer from any illness that may be a health issue in a food preparation area: hepatitis etc? Yes No

Do you suffer from any physical disability that may require special needs/ consideration? Yes No

Do you have any health issues or disability that may require special needs/consideration? Yes No

Do you have any learning difficulties that may require special needs/consideration or extra tuition? Yes No

If you have answered yes to any of the above please give details. Your answers will assist us identify any special needs your may require to successfully achieve the programme.

REFEREES

Please provide details of at least two people who would stand as a referee for you:

Name _____

Position _____

Telephone _____

Mobile _____

Email _____

Name _____

Position _____

Telephone _____

Mobile _____

Email _____

Name _____

Position _____

Telephone _____

Mobile _____

Email _____

I certify that the details given on this form are true and correct and that the information has been completed in my own writing.

Signed _____

Date _____