



31 Gruis Street
Navalsig
Bloemfontein
9300

Contact no: 081 063 2633
info@clazziueacademy.co.za
www.clazziueacademy.co.za

FOR OFFICE USE ONLY	
Date	
FORM No.	

APPLICATION FORM

Please tick the qualification you are applying for	
National certificate Food and beverage services	
National certificate Professional Cookery	
National certificate Fast food	

Student personal details

Title (Mr/Mrs/Ms)	
Name & Surname	
Date of birth	
Gender	
Race	
Home language	
Identity number/passport number	
Country of Origin	
Physical address	
Contact number	
Email address	

Medical History

Tick Yes/No		
Do you have any allergies, if yes please provide detail	Yes	No
Are you presently undergoing medical treatment, if yes please provide detail	Yes	No
Provide details of a person to contact in case of emergency		
Name & Surname:		



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Relationship:
Contact details:

Details of person responsible for the fees

Title (Mr./Mrs./Ms.)	
Name & Surname	
Relationship	
Address	
Contact Number	

This section must be signed by person responsible for the payment of Fees

I _____ ID number _____ hereby confirm that I am responsible for full payment of fees of (student name) _____ and any outstanding fees must be sent to me.

Signature

Date

Applicant Signature

Date

The following documents must accompany the application form

Certified ID Copy of student	
Matric certificate	
Curriculum vitae	
Proof of address	
Certified ID Copy of person responsible for payment of fee	



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Application approved	
Application rejected	
Reasons for rejection	
Signed by principal	
Date	

Banking detail

Bank name: First National Bank (FNB)

Account Name: Clazziq Academy (PTY) LTD

Account Type: Business Account

Account Number: 62921445658

Branch Code: 230234

Branch Name: PRELLER PLEIN 172