FORM

1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

Learner Name & Surname……..

Dear LEARNER

Please take some time to complete this application form as accurately as possible. This will prevent delays in accepting you for the training you want to go through. Also supply us with a copy of your highest academic qualification, your ID copy and CV with your personal information such as Email address, physical address and contact details. The document deems to serve as a valid contract once you are accepted for training at this institution.

PLEASE ENSURE THAT THESE DOCUMENTS ARE SUBMITTED TOGETHER WITH YOUR APPLICATION:

1. **Grade report/ Matric certificate**
2. **ID Copy/ Passport Copy (International Learners)**
3. **CV**

FORM 1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

SECTION A

LEARNER DETAILS
(Please print IN BLOCK LETTERS using a black pen) OR Indicate Correct choice with an ☒

TITLE	MR	MS	MISS	**OTHER (SPECIFY)**										
SURNAME														
FIRST NAME														
MIDDLE NAME														
NATIONALITY														
ID /PASSPORT NR														
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y						
GENDER	M	F	**RACE**			A	C	I	W	**DISABLED**			YES	NO
Learner Cell number														
Learner valid Email address														
Best communication method	**SMS**									**EMAIL**				
Learner Home Number OR Another Contact Number of Family Member														
(If Family Member given above, please provide contact Name, Surname and Relationship)														
IN CASE OF EMERGENCY, please provide the contact Name, Surname and Relationship of an additional person or family member														

LEARNER postal address	**LEARNER residential address**
CODE	**CODE**

FORM 1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

SECTION B

COURSE INFORMATION

Indicate which learning programme you wish to register for with an ☒ in spaces provided

Qualification Type	Course Name	NQF Level	Duration (Full Time)	Tuition	Indicate with ☒
Skills Programme	Assistant Chef	2	6 months	R 8 738.00 (Includes chef uniform)	
Skills Programme	Bar Attendance	2	6 months	R7 238. 00	
National Certificate	Professional Cookery	4	12 months	R 11 388.00 (Includes chef uniform)	
National Certificate	Food and Beverage Services	4	12 months	R 9 700.00	

SECTION C

EDUCATION

Please complete the information below in spaces provided

HIGHEST GRADE PASSED	SCHOOL/COLLEGE NAME	GR	YEAR	CERTIFICATE Y/N

POST HIGHSCHOOL QUALIFICATION NAME	INSTITUTION NAME	NQF LEVEL	YEAR	TYPE OF QUALIFICATION

EMPLOYMENT HISTORY (MOST RECENT)

EMPLOYERS NAME	JOB TITLE	FROM (DATE)	TO (DATE)	REASON FOR LEAVING

FORM 1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

SECTION D

DECLARATION
Please truthfully complete the information below in spaces provided.
It is a legal requirement of HTA to ensure the health and safety of learners and employees. Should you fail to declare something that could affect your or other person's health and safety, it may result in your expulsion at a later stage. HTA hereby refers to its stated Indemnity clause

Do you have any illness or suffer from any condition that could affect your studies or practical work?	YES	NO
Are you pregnant, or do you foresee becoming pregnant whilst studying this course?	YES	NO
Are you taking any long-term or chronic medication?	YES	NO
Do you take drugs, alcohol or any legally prohibited substances?	YES	NO
Disability	YES	NO

Type of disability	Sight	Hearing	Mental	Physical	Other
If disability selected please state the severity					

If YES to any of these questions, note that HTA may NOT prohibit you from applying; yet you may be prevented from participating in some activities, OR you may require special assistance

SECTION E
PAYMENT DETAILS

NATURE OF REGISTRATION
Indicate with an ☒ in the appropriate block

LEARNERSHIP		UNEMPLOYED PERSON		TRADE TEST	
APPRENTICESHIP		TECHNICAL COLLEGE		RPL	
PRIVATE LEARNER		BURSARY			
PRIVATE SPONSOR		OTHER (SPECIFY)			

PAYEE INFORMATION
Indicate with an ☒ in the appropriate block

RESPONSIBILITY			PAYMENT METHOD	
Employer (Company)			Full Payment	
SETA(_____)			Deposit and monthly installment	
Self			Registration fee and ( )* payments	
Other (Specify)				

Note: * Please indicate number of payments to be made. A certificate will not be issued unless the entire course fee has been paid up.

FORM
1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

BENEFACTOR DETAILS (PERSON RESPONSIBLE TO PAY FEES)
(Please print IN BLOCK LETTERS using a black pen) OR Indicate Correct choice with an ☒
Please provide Certified ID copy of Benefactor

TITLE	MR	MS	MISS	**OTHER (SPECIFY)**										
SURNAME														
FIRST NAMES														
EMPLOYER NAME														
EMPLOYER CONTACT DETAILS (TEL)														
NATIONALITY														
ID /PASSPORT NR														
Cell number														

Postal address	**Residential address**
CODE	**CODE**

FORM

1.1

APPLICATION FORM

MPUMALANGA REGIONAL TRAINING TRUST
MRTT HOSPITALITY & TOURISM ACADEMY

I, ……the undersigned person agree that the above information is true and correct. I further agree to abide by the rules and regulations of the Mpumalanga Regional Training Trust (Hospitality and Tourism Academy) and to pay over the stipulated amounts as specified at the agreed upon times for the training I am going to receive.

----------	**----------**
Signature of LEARNER	**Date**
----------	**----------**
Signature of Benefactor	**Date**