Swiss Institute
OF
HOSPITALITY TRAINING

APPLICATION FORM FOR FULL TIME SWISS CHEF'S COURSES

18 MONTH COURSE

FULL NAME & SURNAME .....

DATE OF BIRTH ..... **AGE** .....

IDENTITY NUMBER .....

ADDRESS (residential and postal)

.....
.....
.....
.....
.....Postal code.....

TEL (H) ..... (W) .....
FAX .....
E-MAIL .....
CELL .....

GUARDIAN'S NAME .....
RELATIONSHIP .....
ADDRESS .....
TEL (H) ..... (W) .....

EDUCATION – LAST STANDARD PASSED .....

PRESENT OCCUPATION .....
PRESENT EMPLOYER .....
PRESENT SCHOOL .....
OTHER .....

REFERRED BY .....