

LE CULINAIRE HOSPITALITY INSTITUTE

Rightway Training and Development Pty Ltd TA Le' Culinaire Hospitality Institute

Please fill out the form legibly.

PERSON	AL DETAII	LS					
Have you previously studied at Le Culinaire Hospitallity Institute?							
	No	Yes	Student ID	Number:			
Title:	⊖ Mr	O Ms.	O Mrs.	Other	S		
Gender:	O Male		2				
Civen Ne							
Given Name:							
Family Name: Date of Birth: DAY MONTH YEAR							
					DAY MONTH YEAR		
Birth Cou			Citi	zenship:			
Current A	ddress:						
Suburb:		State:		Postcode	:		
Mobile Phone: Telephone Number:							
Email Address:							
Are you of Aboriginal Origin Torres Strait Island Origin Both COURSE SELECTION							
Course being applied for: Certificate III in Commercial Cookery SIT30816 Certificate IV in Commercial Cookery SIT40516 Certificate IV in Patisserie SIT31016 Certificate IV in Patisserie SIT31016 Certificate IV in Patisserie SIT4016 Diploma of Hospitality Management SIT50416 Advanced Diploma of Hospitality Management SIT60316 For all Hospitality Management courses, please choose your preferred: Pathway: Cookery Food & Beverages Housekeeping Social Media INTAKE DATE Preferred Starting Date: Other: Jan 11 Jan 10 Jan 11 Jan 10 Jan 11 Apr 4							
<u> </u>	ul 5 Sept 27	Ó.	ul 4 Sept 26	0	Jul 3 Sept 25		
MODE OF STUDY							
Would you like to study: (Pick one)							
Full tir	ne	Part time					
Would yo	ou like to s	study: (Pick one)				
Face to Face Online Blend (if applicable)							

P. 02 9211 3945

424 Harris Street Ultimo 2007, Austra

APPLICATION FORM

ABN 66 615 266 790 | RTO: 45326 | CRICOS: 03667K

DOMESTIC STUDENTS

ENGLISH LANGUAGE PROFICIENCY

Have you completed any secondary oe tertiary studies with English as level of instruction?

EDUCATION BACKGROUND

Institution/School

Name of Qualification

Location

Year completed

Institution/School

Name of Qualification

Location Year completed

Institution/School Name of Qualification

Location

Year completed

Institution/School
Name of Qualification
Location
Year completed

WORK EXPERIENCE

Employer				
Location				
Years employed				
Position				
Employer				
Location				
Years employed				
Position				
Employer				
Employer Location				
Location				
Location Years employed				
Location Years employed				
Location Years employed Position				
Location Years employed Position Employer				

CREDIT TRANSFER

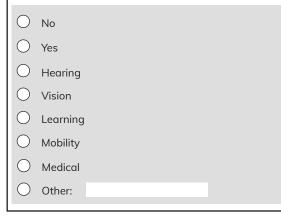
Do you wish to apply for a Credit Transfer?

🗌 Yes 🗌 No

If you have studied or are currently studying at another academic institution, you may be eligible for credit transfer towards your degree at Le Culinaire Hospitality Institute LHI.

SUPPORT SERVICES

Do you have a disability, impairment or long term medical condition, which may affect your studies?



If you wish to apply for reasonable adjustment upon commencement at LHI, please refer to the Student Assessment Policy and Associated.

CHECKLIST

I have:

- Completed all sections of the application form
- Attached certified copy of proof of citizenship/residency (passport, visa, birth certificate, citizenship certificate)
- Attached certified copies of academic transcript(s) and certificate(s) translated into English (if applicable)
- Read and signed the student declaration

DECLARATION

turned.

• I declare that the information provided in this application form is true and correct, and the academic records provided are a true record of my academic results

• I authorise Le Culinaire Hospitality Institute LHI to obtain enrolment and academic information from any of my previous or current education providers

- I understand that Le Culinaire Hospitality Institute may vary or reverse any decision regarding admission or enrolment based on
- incorrect, incomplete or fraudulent information provided by me.I understand that all documents I submit with my application become the property of Le Culinaire Hospitality Institute and will not be re-
- I confirm that I have read and fully understand the requirements of the course as outlined on Le Culinaire Hospitality Institute's website (www. leculinaire.edu.au).
- I will notify LHI immediately if there is any change to the information I have given in this application.

Full name:

Signature:

Date:

Parent/guardian name:

Parent/guardian signature (required if applicant is under 18 years old):

Date:

RECEIVED AND ENCODED BY:

Full Name:

Signature:	Date:
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Please return form to:

Le Culinaire Hospitality Institute

424 Harris Street

Ultimo NSW 2007

Email: admin@leculinaire.edu.au