WARWICK'S CHEF SCHOOL
P O BOX 140, ONRUST RIVER
Tel 083 9783942
warwicks@hermanus.co.za
www.warwickschefschool.co.za

For office use only:

Date Received: _____ Intake applying for _____
Date Interviewed: _____ Application fee details _____
Committee Decision _____

2026
CERTIFICATE COURSE APPLICATION FORM

(Please complete in block letters)

This form should be completed in full by the applicant
This completed application form to be scanned and emailed to : warwicks@hermanus.co.za
Or hand-delivered to Unit 3A Hemel-en-Aarde Centre, Sandbaai Hermanus

Please select the course intake that you would like to apply for:	**JANUARY 2026 INTAKE**		**JULY 2026 INTAKE**	

PERSONAL DETAILS	
Surname	
Full first names	
Name (noem naam /name used)	
Date of birth	
Identity number	
Nationality	
Passport number (if applicable)	
Permanent residential address	
Tel. Number Home (if applicable)	
Tel. Number Work (if applicable)	
Cellular number	
Email address	

HOW DID YOU HEAR ABOUT WARWICK'S CHEF SCHOOL ?

A friend		Internet /Website		Social media (facebook/ instagram etc)	
Newspaper		Magazine		High School Teacher / Career Expo	

PERSONAL DETAILS OF PARENT /S

FATHER: Name & Surname	
Permanent residential address	
Home number (if applicable)	
Cellular number	
Work number (if applicable)	
Email address	
MOTHER: Name & Surname	
Permanent residential address	
Cellular number	
Work number	
Email address	

APPLICANT'S EDUCATION DETAILS

Last school grade passed	**Year:**
Name of school	
Other qualifications (if applicable)	
Any Learning disabilities ?	
(please specify)	

HIGH SCHOOL SUBJECTS

CURRENT PLACE OF EMPLOYMENT

Name of workplace	
Number of years working here	
Telephone number	

CONTACTABLE CHARACTER REFERENCES (not immediate family)

Name & Surname	
Relationship	
Contact number	

MEDICAL DETAILS	
Name of medical aid / fund	
Principal member's name	
Membership number	
Emergency contact number	

GENERAL INFORMATION	
Will you have your own transport while on course ?	
Do you smoke ?	
Do you have any allergies or intolerances that we should know about ? If so, please explain.	
Are you a vegetarian / vegan ?	
If 'yes', are you prepared to work with all meat/poultry/fish/ shellfish dishes ?	
Is there any food ingredients that you may not work with /eat because of religious reasons ?	
Are you presently undergoing any medical treatment ? Please specify if applicable	
Do you take any medication on a regular basis ? Please specify if applicable	

SPONSOR DETAILS (Details of the person who will be responsible for paying your course fees)
Note: If you are paying your OWN course fees, then fill in your own details.

Name & Surname				
Relationship				
ID number				
Contact number				
Email address				
Postal address				
PAYMENT OPTION (please select one of the following options)	I will be paying all the course fees before the start of the course		I would like to use the payment plan option, and I am aware of the additional cost to cover the admin fees	

ENCLOSURES (In order for us to process your application, we require the following documentation)

- ☐ Certified copy of last school report / qualification
- ☐ Photocopies of any relevant certificates /testimonials
- ☐ Motivational Letter
- ☐ CV
- ☐ Certified copy of your ID document or passport
- ☐ 3 x Colour ID size photographs
- ☐ R 300.00 application fee.
  If you wish to make a direct deposit, please attached the deposit slip and use your name and surname as reference.

BANKING DETAILS:

ABSA BANK Branch Code : 632005
Current Account Number : 4118743952
Account Name : Warwick Chef Training PYT LTD
Swift Code : ABSAZAJJ (only for international transfers)

DECLARATION AND UNDERTAKING:

I, the student and the undersigned guardian undertake:

1. a) to comply with all the rules and regulations, including the disciplinary rules of Warwick's Chef School, to be received on the first day of course and to acquaint myself with all the provisions thereof and with all the amendments thereto as published from time to time.

   b) to inform the school immediately in writing, if I abandon my course of studies and / or change my address

   c) to acquaint myself with all the rules and general regulations applicable to the course for which I am enrolling as well as the rules regarding the payment of fees.

2. I undertake that neither I nor any other person will hold the Warwick's Chef School, its employees or industry partners liable nor make any claim against the school for any compensation and / or expenses incurred or damages suffered as result or in respect of any injury to me or illness or my death, irrespective of negligence on the part of the school or one or more of its employees or industry partners, or other person for whose actions it might, but for this undertaking, have been responsible.
3. I am aware that my enrolment is valid only if it complies with the regulations for the course concerned, notwithstanding the acceptance of this enrolment by the school.
4. I declare that all particulars given by me on this form are true and correct.
5. I accept that if I abandon or change my course of studies at any time that no cancellation or reduction of fees will be considered and that I will remain liable for full payment of all fees.
6. My non-refundable application administration fee of R300.00 accompanies this application (Proof of E.F.T payment)
7. The non-refundable deposit will be paid upon acceptance by the school. The balance of my course fees, will be paid before the starting date of my course, that I am accepted for. (or as per arrangements made in a payment plan agreement)
8. I accept, that if I am accepted by the School, and I wish to cancel my application, I must notify the school in writing at least two (2) months before the start of the course. In this event, I will forfeit the non-refundable deposit, but I will not be liable for the balance of the course fees. Should I only notify the school within 2 months prior to the starting date of the school, then I understand and accept that I will be liable for the full balance of the course fees.
9. I accept and understand that should I apply less than two (2) months prior to the start of the course and I am accepted by the school less than two (2) months before the start of the course, and I do not arrive to do the course that I will be liable for the full course fees.
10. I accept and understand, should I apply longer than two (2) months prior to the start of the course, and I am accepted less than two (2) months prior to the start of the course and I do not arrive to do the course that I will be liable for the full course fee.
11. I accept and understand that should I and or my guardian or a person / company responsible for the course fees need a bank loan / student loan to do this course ,and are unable to acquire any loan, that I / we would still be liable for the full course fees.
12. I understand and accept that the school and its personnel have not at any stage at all lead me or anyone to believe that I would be eligible for a student bank loan when applying to come on course at Warwick's Chef School.
13. The school reserves the right to terminate any agreement entered into with myself at any time at their sole and absolute discretion. In such event the school undertakes to repay an appropriate portion of the fees by such applicant.
14. The fees for the course quoted are subject to alteration without formal notice to applicants.
15. No application form lodged will create a contract between the school and the applicant, unless or until it is accepted by the school in which event a valid and binding agreement shall come into effect.
16. Applicants shall be bound by the House Rules as amended from time to time.
17. To pass this course, students need to achieve 70% for their final practical examination and an aggregate of 60% for the final theory examinations.
18. I accept that the committee's decision is final and that unless otherwise stated, unsuccessful applicants will not be considered for future courses and that no correspondence will be entered into.
19. If accepted, I agree to the terms of acceptance set out above and the tariff of fees set out.
20. I agree to notify the school in writing, of any changes there may be to my personal particulars and other details on this application form
21. Warwick's chef school is committed to protecting the personal information of all learners and individuals that engages with the school and to fulfill its obligations under the Protection of Personal Information (POPI) Act No 4 of 2013. I hereby give my consent to Warwick's Chef school to supply my personal details to Highfield International for the purpose of registering me for the qualification and examinations. I also give consent that any photos taken of me during the course, while at the school, may be used for promotional material and social media.

Signature of Student: _____ Date: _____

Details of guardian, should the student is still under the age of twenty-one (21) years:

Signature of Guardian: _____ Relationship: _____
Full Name & Surname _____
ID Number _____
Address _____ Code: _____
Telephone: (home): _____ Cell: _____ Work: _____
Email address: _____

THE ORIGINAL OF THIS DOCUMENT, COMPLETED IN FULL, MUST PLEASE BE RETURNED TO WARWICK'S CHEF SCHOOL

2026 COURSE FEES

Application fee

R300.00 non-refundable application administration fee should accompany this application form.

Course Fees for PART TIME CERTIFICATE 2026 intake

R 23 500.00

The course fees include:

- Access to the online theoretical learning platform
- Hands-on practical training a the chef school
- Chef Jacket, pair of Chef Trousers, Apron, Scull Cap
- Use of the school's knives, equipment and tools
- Highfield International Qualification
- Online workbooks and training manuals
- Printed recipes
- All ingredients for practical classes
- Examination Costs

ONCE OFF PAYMENT OPTION

Deposit: R 2 000.00 non-refundable deposit is payable upon acceptance.
Balance of the course fees: The balance of R 21 500.00 is payable **2 weeks prior to the course starting date**

PAYMENT PLAN OPTION A:

The sponsor will be signing a payment plan agreement which is subject to the approval of the school.
Terms are subject to signing a debit order mandate and submitting proof of income.

The Payment Plan will be structured as follows:

	January Intake	July Intake
R 2 000.00	Deposit payment	Deposit payment
R 3 600.00	1st January 2026	1st July 2026
R 3 600.00	1st February 2026	1st August 2026
R 3 600.00	1st March 20206	1st September 2026
R 3 600.00	1st April 2026	1st October 2026
R 3 600.00	1st May 2026	1st November 2026
R 3 500.00	1st June 20206	1st December 2026

PAYMENT PLAN OPTION B:
(starting payments before the start of the course

The sponsor will be signing a payment plan agreement which is subject to the approval of the school.
Terms are subject to signing a debit order mandate and submitting proof of income.

The Payment Plan will be structured as follows:

	January Intake	July Intake
R 2 000.00	Deposit payment	Deposit payment
R 2 700.00	1st November 2025	1st May 2026
R 2 700.00	1st December 2025	1st June 2026
R 2 700.00	1st January 2026	1st July 2026
R 2 700.00	1st February 2026	1st August 2026
R 2 700.00	1st March 2026	1st September 2026
R 2 700.00	1st April 2026	1st October 2026
R 2 700.00	1st May 2026	1st November 2026
R 2 600.00	1st June 2026	1st December 2026

Accommodation and transport to be organised and paid for by the student.

STUDENT SPONSOR MUST COMPLETE THE BELOW : (PERSON RESPONSIBLE FOR COVERING THE FULL SCHOOL FEES)

I, (print full name and surname) _____
the undersigned hereby acknowledge myself to be jointly and separately responsible for moneys which _____ (name of applicant) may at any stage be owing to the Warwick's Chef School in terms of the agreement that he / she concluded with the school, as set out above, including any changes thereto. I also understand that at no time at all did the school or its personnel make the assumption that the person whom I am standing guardian for would be able to get a bank student loan or any other loan to do this course.

Relationship: _____

Physical address: _____

Postal address: _____

Cellphone number _____ **Work number**: _____

Email address: _____

Signature: _____ **Date**: _____

Witness name: _____ **Witness Signature** _____