

Certificate in Advanced Professional Culinary Arts Application Questionnaire

Name: _____

Please answer the following questions, to the best of your ability, in your own handwriting.

1. What is your present situation eg. working, unemployed?

2. What specifically interests you about this programme?

3. What are your aspirations and goals within the Culinary Arts industry?

4. In what way do you feel your previous experience has equipped you for this programme?

5. Additional to the classroom hours, there is a considerable amount a student directed work, study and assignment work to be completed. Approximately how many hours per week outside classroom hours would you be able to dedicate towards study?

6. Please give an example of what you consider to be your personal strengths and weaknesses within a professional kitchen environment?

Strengths _____

Weaknesses _____

7. Please indicate how confident you are when working within a team environment?

Very confident 5 4 3 2 1 Not confident

8. Please indicate how confident you are working in an unsupervised situation if required?

Very confident 5 4 3 2 1 Not confident

9. Please indicate how well you relate and communicate with others?

Very confident 5 4 3 2 1 Not confident

10. Please indicate how confident and computer literate you consider yourself to be in regards to basic Microsoft Software?

Very confident 5 4 3 2 1 Not confident

11. If your application to join the Advanced Professional Culinary Arts Programme is not successful this year, what are your plans for the next 12 months?

13. **Record of Employment**

| Employer | Place/Address | Position Held | Dates |
|----------|---------------|---------------|-------|
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14. **Health**

Do you consider your health to be (please circle) Poor Good Excellent

Do you suffer from any physical disability that may require special needs/consideration? Yes No

Do you suffer from any illness that may be a health issue in a food preparation area eg. Hepatitis? Yes No

Do you have any health issues or disability that may require special needs/consideration? Yes No

Do you have any learning difficulties that may require special needs/consideration or extra tuition? Yes No

If you have answered yes to any of the above please give details. Your answers will assist us to identify any special needs you may require to successfully achieve the programme.

Referees

Please provide the names of two referees who may be contacted by us.

Name: _____

Position: _____

Address: _____

Telephone: Day (0) _____ Night (0) _____

Name: _____

Position: _____

Address: _____

Telephone: Day (0) _____ Night (0) _____

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| Declaration | |
| I certify that the details provided in this form are true and correct and that the information has been completed in my own handwriting. | |
| Signature: _____ | Date: _____ |