



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



P. 02 9211 3945
E. admin@leculinaire.edu.au



424 Harris Street
Ultimo 2007, Australia

Please fill out the form legibly.

PERSONAL DETAILS

Have you previously studied at Le Culinare Hospitality Institute?

No Yes Student ID Number:

Title: Mr Ms. Mrs. Others

Gender: Male Female

Given Name:

Family Name:

Date of Birth: DAY | MONTH | YEAR

Birth Country: Citizenship:

Current Address:

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 III in Patisserie | SIT31016
- Certificate IV in Patisserie | SIT41016
- 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: | |

2021 Intakes	2022 Intakes	2023 Intakes
<input type="radio"/> Jan 11	<input type="radio"/> Jan 10	<input type="radio"/> Jan 9
<input type="radio"/> Apr 5	<input type="radio"/> Apr 4	<input type="radio"/> Apr 3
<input type="radio"/> Jul 5	<input type="radio"/> Jul 4	<input type="radio"/> Jul 3
<input type="radio"/> Sept 27	<input type="radio"/> Sept 26	<input type="radio"/> Sept 25

MODE OF STUDY

Would you like to study: (Pick one)

Full time Part time

Would you like to study: (Pick one)

Face to Face Online Blend (if applicable)

ENGLISH LANGUAGE PROFICIENCY

Have you completed any secondary or tertiary studies with English as level of instruction? Yes No

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

Location

Years employed

Position

Employer

Location

Years employed

Position

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 Culinare Hospitality Institute LHI.

SUPPORT SERVICES

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

- No
- Yes
- Hearing
- Vision
- Learning
- Mobility
- Medical
- Other:

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

- 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 Culinare Hospitality Institute LHI to obtain enrolment and academic information from any of my previous or current education providers
- I understand that Le Culinare 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 Culinare Hospitality Institute and will not be returned.
- I confirm that I have read and fully understand the requirements of the course as outlined on Le Culinare 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:

Please return form to:

Le Culinare Hospitality Institute

424 Harris Street

Ultimo NSW 2007

Email: admin@leculinaire.edu.au