



Pastry Institute of St Honoré

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FULL TIME COURSE APPLICATION FORM

PERSONAL DETAILS

First : Last :

The above name will appear on ALL Certificates and Statements of Results issued to the student.

Date Of Birth : Gender : Male Female

Student ID Number (if current student) :

ADDRESS

Number And Street Name

Suburb Or Town State Postcode

Home Phone Work Phone Mobile

Email

EMERGENCY CONTACT DETAILS

Contact Name Relationship

Mobile Home Phone Work Phone

FULL TIME COURSE PROGRAMS

Our Full Time Course Programs comprise of 36 Topics divided into 3 main categories which are :

The Art of Baking The Art of French Patisserie The Art of Confectionery

Each main category has 12 topics covered in 3 levels of proficiency ; Basic , Intermediate & Advanced

KINDLY SELECT YOUR PROGRAM PACKAGE

- 1 Month - Professional Certificate (RM 4,000) 6 Months - Diploma Course (RM 22,400)
3 Months - Professional Certificate (RM 11,400) 9 Months - Advanced Diploma Course (RM 33,400)

ADMISSION FEE (one-time enrollment fee) : RM 500

*Admission Fee includes chef's jacket, safety shoes, apron & study materials.

KINDLY SELECT YOUR PROGRAM OF INTEREST & LEVEL OF PROFICIENCY

- The Art of Baking Basic Intermediate Advanced
The Art of French Patisserie Basic Intermediate Advanced
The Art of Confectionery Basic Intermediate Advanced

KINDLY STATE YOUR INTAKE DATE : (Based on our schedule)

* Any changes of any program schedule due to unforeseen and unavoidable circumstances is at the sole discretion of The Pastry Institute of St. Honoré.

HEALTH DECLARATION

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in a Full Time Course Program. A positive response to a question does not necessarily disqualify you from enrolling. A positive response means that there is a preexisting condition that may affect your health while undergoing the programs and you must seek the advice of your physician prior to enrolling in the programs.

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- Frequent or severe attacks of hayfever or allergy? Diabetes? High blood pressure or take medicine to control blood pressure?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

DECLARATION

I declare that the information I have provided in this application is true, correct and complete. I understand that if any aspect of my application is found to be incomplete or false, The Pastry Institute of St. Honoré may withdraw any offer of enrolment.

Signed (applicant) Date

Signed (parent/guardian) of applicants under 18 years of age Date

Name Of Parent Or Guardian Relationship To Student