



Pastry Institute of St Honoré

C-2-1 & C-2-2 TTDI Plaza, Jalan Wan Kadir 3, Taman Tun Dr Ismail, 60000 Kuala Lumpur
Email: info@pastrysthonore.com.my | Website: www.pastrysthonore.com.my
Tel.: +603 7732 9468 | pastrysthonore

FULL TIME COURSE APPLICATION FORM

SECTION A - PERSONAL DETAILS

First Name	Last Name		
<i>The above name will appear on ALL Certificates and Statements of Results issued to the student.</i>			
Date of Birth	Gender	Male	Female
I/C Number			

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 PROGRAM PACKAGE

Our program is divided into 2 professional levels (9 months Basic level and 9 months Advanced level) with 1 month Introduction program prior to Basic level.
Optional elective programs are also available.

ADMISSION FEE (one-time enrolment fee): RM500

**Admission fee includes Chef's jacket, safety shoes, apron & study materials.*

SECTION B - KINDLY SELECT YOUR PROGRAM PACKAGE

FULL TIME PROGRAM

Introduction - 1 month RM5,000

Basic - 9 months RM11,500
*RM5,000 after RM6,500 est. salary**

Advanced - 9 months RM11,500
*RM3,500 after RM8,000 est. salary**

COMPLEMENTARY PROGRAM

Artistic Patisserie - 6 months (RM15,000)

Chocolate and Ice Cream - 6 months (RM15,000)

Instalment option for Basic & Advanced fees available. Kindly enquire for more details.

**Salary is estimated and may differ according to workplace*

INTAKE DATE: _____

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



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SECTION C - ACADEMIC AND WORK EXPERIENCES

Attach copies of your transcripts or statement of results for secondary and post-secondary study.

Documents not in English must be submitted with certified English translation.

	Senior Secondary School	Post-Secondary School (course 1)	Post-Secondary School (course 2)
Name of qualification			
Year completed			
School/Institute/University			
Are you waiting for results?	Yes No	Yes No	Yes No

NAME OF EMPLOYER	POSITION	START AND FINISH DATE OF EMPLOYMENT



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SECTION E - HEALTH DECLARATION

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in the Full Time Course Program. A response to a question does not necessarily disqualify you from enrolling. A positive response means that there is a pre-existing 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 exception of birth control or anti-malarial)

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

Frequent or severe attacks of hay fever or allergy? High blood pressure or take medicine to control blood pressure? Diabetes

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 conditions.

SECTION F - 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 _____