

QE2 Hospitality Academy Registration Form

Personal Details

Title:	☐ Mr ☐ Mrs ☐ Ms
First Name:	
Last Name:	
Date of Birth:	
Gender:	☐ Female ☐ Male
Marital Status:	
Nationality:	
Passport No:	
Country of Birth:	
Education	

Contact Information

Contact Address:	
Postcode:	
Country:	
Mobile No:	
WhatsApp No:	
Email address:	

Emergency Contact Details

Emergency Contact Name:	
Relationship:	
Phone Number:	

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Additional Information

Any Allergies? (If yes, specify):	☐ Yes ☐ No
If yes, specify:	
Any Medical Issues? (If yes, specify):	☐ Yes ☐ No
If yes, specify:	
Previous Hospitality Experience:	☐ Yes ☐ No
If yes, please describe:	

Program Details

Preferred Program: Choose one program	☐ Food & Beverage Principles ☐ Culinary Arts Basics ☐ Housekeeping Foundations
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Agreement

I hereby declare that the information provided is true and accurate to the best of my knowledge.

Trainee signature: _____

Date: _____

For Academy Use Only

Registration Number:	
Registration Date:	
Room Number:	
Room share with:	
Employee name :	
Employee signature:	