

**School of Vocational Studies**  
**Registration Form for the certificate course in 'Food and Beverages Service**  
**Assistant'**

**Personal Particulars**

Name(s): \_\_\_\_\_

Sex (tick one): MALE / FEMALE

Current Designation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date/ Month/ Year

	Office/ School/ Centre	Home
Address:		
Tel Nos.		
Mobile/Cell:		
E-mail:		