**NAC REGISTRATION FORM 2020**

This form is to be submitted by Team Manager with Photo ID of each entrant & 1 x team photo in full uniform

**1ST YEAR APPRENTICE**

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

MOBILE PHONE:

TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

EMPLOYER PHONE NUMBER:

EMPLOYER EMAIL:

|  |
| --- |
| **Emergency Contact** |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Apprentice Competition & agree to the competition conditions of entry

Parent or Guardian Signature: Date:

**2ND YEAR APPRENTICE**

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

MOBILE PHONE:

TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

EMPLOYER PHONE NUMBER MOBILE

EMPLOYER EMAIL

|  |
| --- |
| **Emergency Contact** |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Apprentice Competition & agree to the competition conditions of entry

Parent or Guardian Signature: Date:

**FINAL YEAR APPRENTICE**

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

MOBILE PHONE:

TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

EMPLOYER PHONE NUMBER MOBILE

EMPLOYER EMAIL

|  |
| --- |
| **Emergency Contact** |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Apprentice Competition & agree to the competition conditions of entry

Parent or Guardian Signature: Date:

**CULINARY STUDENT**

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

MOBILE PHONE:

TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

EMPLOYER PHONE NUMBER MOBILE

EMPLOYER EMAIL

|  |
| --- |
| **Emergency Contact** |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Apprentice Competition & agree to the competition conditions of entry

*Parent or Guardian Signature: Date:*

|  |  |
| --- | --- |
| **Additional Person**  |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
| Emergency Contact |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

