**NAC REGISTRATION FORM 1st Year Apprentice**

ALL ENTRANTS MUST SEND COPY OF PHOTO ID WITH THIS FORM

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

PHONE: MOBILE PHONE:

TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

FULL POSTAL ADDRESS:

EMPLOYER PHONE NUMBER MOBILE

EMPLOYER EMAIL

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

**PERMISSIONS** Please Circle

I permit my name and any photographs of myself to be released to the media YES NO

I permit my name & email to be given to sponsors of the event YES NO

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 & permit any photographs of them to be released to the media for promotional purposes.

Parent or Guardian Signature: Date: