

**Culinary Institute Kul IN**

**Program Application**

**Student personal information**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Date of birth |  |
| Mobile number |  |
| Telephone number |  |
| Email Address |  |
| Postal address and zip code |  |
| Nationality |  |
| Biometric passport number | Town and country of issue | Expiration date |
|  |  |  |
| Medical details | Do you suffer from any medical condition or learning difficulty?  |
| [ ] Yes | [ ] No |
| If yes, please specify the condition & details thereof: |
| Dietary requirements | Do you have any special dietary requirements or food allergies?  |
| [ ] Yes | [ ] No |
| If yes, please specify the condition & details thereof: |

**Program Details**

|  |  |
| --- | --- |
| **I'm applying for:** | [ ] Culinary Arts[ ] Professional Pastry and Confections[ ] Catering and Buffet[ ] Italian Culinary Program[ ] Advanced Culinary Program[ ] Culinary Management[ ] Wine program |
| **Start date:** |
| Culinary Arts | [ ] 14.1.2025. | [ ] 4.3.2025.  | [ ] 11.11.2025. |
|  |  |  |
| Professional Pastry and Confections | [ ] 14.1.2025. | [ ] 11.11.2025. |  |
| Catering and Buffet |  |  |  |
| [ ] 14.1.2025. | [ ] 4.3.2025.  | [ ] 11.11.2025. |
| Advanced Culinary Program |  |  |  |
| [ ] 14.1.2025. | [ ] 4.3.2025.  | [ ] 11.11.2025. |
| Culinary Management |  |  |  |
| [ ] 14.1.2025. | [ ] 4.3.2025.  | [ ] 11.11.2025. |
| Wine program | [ ] 3.2.2025. |  |  |

|  |  |
| --- | --- |
| **Additional language lessons (375 EUR):** | [ ] Italian\* [ ] French\*[ ] English\* |
| **Preferred accommodation:** | [ ] Double room[ ] Single room (additional cost 600 €) |

**\***Language lessons cost an additional 375 €

**Education details**

|  |  |  |  |
| --- | --- | --- | --- |
| High School  |  | Graduating year |  |
|  |
| College  |  | Graduating year |  |
|  |
| Other courses or qualifications |  |
|  |
|  |
| Spoken Languages |
| English | [ ] Beginner [ ]  Intermediate[ ]  Advanced[ ]  Proficient[ ]  Fluent |
| Italian | [ ] Beginner [ ] Intermediate [ ]  Advanced[ ]  Proficient[ ]  Fluent |
| French | [ ] Beginner [ ]  Intermediate[ ]  Advanced[ ]  Proficient[ ]  Fluent |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Beginner [ ]  Intermediate[ ]  Advanced[ ]  Proficient[ ]  Fluent |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Beginner [ ]  Intermediate[ ]  Advanced[ ]  Proficient[ ]  Fluent |

|  |
| --- |
| How did you hear about Culinary Institute Kul IN? |
| [ ] Radio | [ ] TV | [ ]  Newspaper/Magazine  |
| [ ] Web search/Internet  | [ ] Social Media  | [ ]  Masterstudies |
| [ ] Educations.com | [ ] Open house day | [ ]  Word of Mouth \* |
|  \*Name? \_\_\_\_\_\_\_\_\_\_\_\_ |

**Work Experience**

|  |  |  |
| --- | --- | --- |
| Do you have any work experience within the hospitality industry? | [ ]  Yes | [ ]  No |
| If yes, please specify: |
| Name of Establishment | Position | Time period |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Short answer questions:**

|  |
| --- |
| 1. In three points describe what being a professional in the culinary industry means to you: |
|  |
|  |
|  |
|  |
|  |
| 2. How do you feel about working in and being part of a team? |
|  |
|  |
|  |
|  |
|  |
| 3. What do you consider your strengths to be? |
|  |
|  |
|  |
|  |
|  |
| 4. What are your weaknesses? |
|  |
|  |
|  |
|  |
|  |
| 5. What motivates you? |
|  |
|  |
|  |
|  |
|  |
| 6. Rate the following in order of importance to you personally from 1 to 5. (Number 1 being the most important) |
| \_\_\_ Financial Remuneration  | \_\_\_ Future Security  | \_\_\_ Recognition |
| \_\_\_ Appreciation | \_\_\_ Job Satisfaction |
|  |
| 7. Where do you see yourself in 5 years' time? |
|  |
|  |
|  |
|  |
|  |
|  |
| 8. You are in charge of a restaurant/pastry shop and you’re in the following situation:*Part of your staff is unavailable for the day and you need to prepare a catering event for 50 people. How would you handle this situation?* |
|  |
|  |
|  |
|  |
|  |
| 9. What are your expectations of this industry and your career? |
|  |
|  |
|  |
|  |
|  |
| 10. Being a professional in the culinary industry is great but there are some responsibilities involved in this industry that you have to be aware of. Please comment on the following: |
| • Long irregular shifts and hours  |
| • Respect for your superiors and the kitchen “brigade system”  |
| • Working in a team and being a team player |
| • Working on public holidays |
|  |
|  |
|  |
|  |
|  |
| 11. Hygiene plays an important role in your future work. Education on proper equipment maintenance and impeccably high standards of personal hygiene and working environment are part of the curriculum and you are expected to participate in these. Do you accept this kind of work and learning? |
|  |
|  |
|  |
|  |
|  |
|  |
| 12. The working environment in the hospitality industry sometimes can be stressful and demanding, so our goal at Culinary Institute Kul IN is to prepare you to deal with those exceptional situations. How do you feel about this aspect of your chosen career? |
|  |
|  |
|  |
|  |
|  |

**Self-Motivational Auto Biography**

*In no less than a 100 words and not more than the space provided, write a short self-motivational autobiography about yourself. Please use clear and legible handwriting if you are filling out the application by hand.*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Gastronomy Questionnaire: please answer the following questions with regards to the program you are applying for.**

|  |
| --- |
| 1. What is your favorite restaurant and why? |
|  |
|  |
|  |
|  |
|  |
| 2. What type of food and wines do they serve? |
|  |
|  |
|  |
|  |
|  |
| 3. What is the name of the chef or sommelier at this restaurant? |
|  |
|  |
|  |
|  |
|  |
| 4. What is your favorite homemade food or dessert? |
|  |
|  |
|  |
|  |
|  |
| 5. What do you taste when you eat your favorite food/pastry/wine and how does it make you feel? |
|  |
|  |
|  |
|  |
|  |
| 6. What is the worst meal/dessert you’ve ever had? |
|  |
|  |
|  |
|  |
|  |
| 7. Why was it the worst? |
|  |
|  |
|  |
|  |
| 8. If you could choose your last meal/dessert/wine, what would it be? Why? |
|  |
|  |
|  |
|  |
|  |
| 9. Why would you like to study at Culinary Institute Kul IN? |
|  |
|  |
|  |
|  |
|  |

*Kulin d.o.o. hereby declares, and the student acknowledges, that all personal data obtained in this application is collected and processed at Kulin d.o.o., Capraška ulica 12, 44010 Sisak, Croatia. The data is stored and processed for enrollment into the program, formation of the education contract, and keeping student records throughout the program. Kulin d.o.o. will process information fairly and according to law, and will store information only as necessary. For the purposes of the application process and program participation, Kulin d.o.o. requires copies of personal documents, which will be responsibly erased from the database upon completion of the program.*

*Upon completing and sending this application, the applicant gives privilege to Kulin d.o.o. to collect and process this information for the purpose of applying to the program, participating in the program, processing student records, and complying with the privacy policy published on the Kul IN website. The applicant has the right to request access to his/her own personal data in the Kul IN database and can withdraw consent to process this information at any time by emailing info@kulinst.com.*

*Failure to give consent to process the above personal information is considered a withdrawal of program application and a withdrawal from participation in the program, since it is not possible to participate in the program without access to personal data.*

***Thank you for completing the above application form.***

***We look forward to welcoming you at Culinary Institute Kul IN.***