

**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  |
| **Start date:** |
| Culinary Arts | [ ] 14.10.2025. [ ] 08.04.2026. | [ ] 13.01.2026.[ ] 07.07.2026. | [ ] 12.10.2026. |
|  |  |  |
| Professional Pastry and Confections | [ ] 14.10.2025. | [ ] 13.01.2026. | [ ] 12.10.2026. |
|  |  |  |
| Catering and Buffet | [ ] 14.10.2025. [ ] 08.04.2026. | [ ] 13.01.2026.[ ] 07.07.2026. | [ ] 12.10.2026. |
|  |  |  |
| Advanced Culinary Program / Italian Culinary Program | [ ] 14.10.2025. [ ] 08.04.2026. | [ ] 13.01.2026.[ ] 07.07.2026. | [ ] 12.10.2026. |
|  |  |  |
| Culinary management | [ ] 14.10.2025. [ ] 08.04.2026. | [ ] 13.01.2026.[ ] 07.07.2026. | [ ] 12.10.2026. |

|  |  |
| --- | --- |
| **Additional language course (425 EUR):** | [ ] Italian[ ] French[ ] English |
| **Preferred accommodation:** | [ ] Double room (included in the cost of the program)[ ] Single room (additional cost 700 €) |

**\***Language lessons cost an additional 425 €

**Education details**

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

|  |
| --- |
| How did you hear about Culinary Institute Kul IN? |
| [ ] Radio | [ ] TV | [ ]  Newspaper/Magazine  |
| [ ] Web search/Kul IN web  | [ ] Social Media  | [ ]  Academiccourses.ng |
| [ ] Educations.com |  | [ ]  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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Questionnaire**

|  |
| --- |
| 1. Briefly explain what the term professional chef/pastry chef means to you. |
|  |
|  |
|  |
|  |
|  |
| 2. What do you consider to be your strengths? |
|  |
|  |
|  |
|  |
|  |
| 3. What do you consider to be your weaknesses? |
|  |
|  |
|  |
|  |
|  |
| 4. What are your expectations from this industry, and where do you see yourself in 5 years? |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 5. Who is your role model in cooking/pastry and why? |
|  |
|  |
|  |
|  |
|  |
| 6. Why would you like to attend the Culinary Institute Kul IN specifically, and what do you expect from the education? |
|  |
|  |
|  |
|  |
|  |

**Self-Motivational Auto Biography**

*In no more than 100 words and within the space provided, write a short, self-motivated autobiography. If filling out the application by hand, please use clear and legible handwriting.*

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

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

***We look forward to welcoming you 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.*