**NAC REGISTRATION FORM 2025**

ALL ENTRANTS MUST SEND COPY OF PHOTO ID WITH THIS FORM

Please Type all info & send as a word document to your Competition Convenor

FAMILY NAME: GIVEN NAME

DATE OF BIRTH: SEX

EMAIL:

FULL POSTAL ADDRESS:

MOBILE PHONE:

CATEGORY TAFE/RTO ATTENDING:

**EMPLOYMENT DETAILS**

EMPLOYER NAME:

BUSINESS NAME:

FULL POSTAL ADDRESS:

EMPLOYER MOBILE

EMPLOYER EMAIL

**EMERGENCY CONTACT**

NAME

PHONE NUMBER

RELATIONSHIP

MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS (PLEASE INCLUDE MEDI ALERTS)

DIETARY REQUIREMENTS (PLEASE LIST)

**PERMISSIONS**

I permit my name and any photographs of myself to be released to the media

I permit my name & email to be given to sponsors of the event

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: