

OPPORTUNITY SKILLS ACADEMY

A Project by
Rescue And Relief foundation
158 Dum Dum road, Kolkata: 700074
www.rescueandrelief.org

Culinary Stars Program

Session August 2024

Duration: 6 to 18 Months

COURSE

Total course fees 51450/- only* (level I)

*inclusive of GST

JOINING FEES 22,050/-ONLY*

*inclusive of GST

FEE STRUCTURE			
î,	ADMISSION FEES	5000/-	
2.	TUTION FEES	7000/- P.M	
3.	UNIFORM	2000/-	

"Empowering Abilities, Creating Culinary Masterpieces"

This 6 to 18 months program is designed to enhance the culinary skills of individuals with special abilities, providing them with hands-on training and opportunities in food preparation and service. The program consists of 3 levels: Level 1- Skill Development and Behavioural Management, Level 2- Service Management, and Level 3- Food Management.

THANK YOU

you're welcome! if there's anything specific you'd like to know or discuss about your admission, feel free to ask.

CONTACT PERSON SWATI SENGUPTA

> PHONE NO 7003666427



OPPORTUNITY SKILLS ACADEMY
3RD FLOOR, 158 DUMDUM ROAD
GHOSHPARA, KOLKATA 700074
CONTACT NO: 9088143433

ADMISSION FORM

Training Program: Food and Service Industry Training for Students with Intellectual Disabilities

1. STUDENT INFORMATION						
• Full Name:						
Full Name://Date of Birth://						
• Gender: □ Male □ Female □ Other						
Address:						
• City: State:	:					
Postal Code:						
Contact Number:						
• Email Address						
• Disability Type: □ Autism □ Down Syndrome						
(please specify):						
 Details of Disability (Please specify): 						
2. PARENT/GUARDIAN INFORMATION						
• FULL NAME:						
RELATIONSHIP TO STUDENT:						
CONTACT NUMBER:	ALTERNATE NUMBER:					
• EMAIL ADDRESS:						
 ADDRESS (IF DIFFERENT FROM STUDENT) 						
3. EMERGENCY CONTACT INFORMATION						
• FULL NAME:						
RELATIONSHIP TO STUDENT:						
CONTACT NUMBER:						
ALTERNATIVE CONTACT NUMBER:						



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Training Program. Food and Service industry Training for Students with Interfectual Disability	Training Program: Food and Service Industry Training for Students with Intellectual Dis
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4. MEDICAL INFORMATION						
PRIMARY PHYSICIAN'S NAME:						
• CONTACT NUMBER:						
• KNOWN ALLERGIES (FOOD AND MEDICINE):						
MEDICATIONS:						
SPECIAL MEDICAL NEEDS:						
5. EDUCATIONAL BACKGROUND						
PREVIOUS SCHOOL/INSTITUTION NAME: GRADE/LEVEL COMPLETED:						
SPECIAL EDUCATION SUPPORT RECEIVED : YES NO GRADE/LEVEL COMPLETED:						
6. TRAINING PROGRAM DETAILS • WHY DO YOU WANT TO ENROLL YOUR CHILD IN THIS PROGRAM? ———————————————————————————————————						
WHAT ARE YOUR EXPECTATIONS FROM THIS PROGRAM?						
• DOES YOUR CHILD HAVE PRIOR EXPERIENCE IN THE FOOD OR SERVICE INDUSTRY? YES NO						
• IF YES, PLEASE SPECIFY:						



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7. CONSENT AND AGREEMENT							
I, THE UNDERSIGNED, HEREBY APPLY FOR ADMISSION							
OF MY CHILD TO THE [OPPORTUNITY SKILLS ACADEMY] FOR THE SIX-MONTH							
FOOD AND SERVICE INDUSTRY TRAINING PROGRAM. I UNDERSTAND AND AGI							
TO THE TERMS AND CONDITIONS OF THE PROGRAM, INCLUDING ATTENDA							
REQUIREMENTS, FEE PAYMENTS, AND THE ABSENCE OF ANY JOB PLACEMENT							
GUARANTEES. I AGREE TO ASSIST MY CHILD WITH THEIR HOMEWOR ASSIGNMENTS AND ADHERE TO THE INSTITUTE'S RULES AND REGULATIONS. I ALSO CONSENT TO THE INSTITUTE COLLECTING AND USING THE ABOVE							
							INFORMATION FOR THE PURPOSES OF MY CHILD'S PARTICIPATION IN THE
							PROGRAM. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT
CONFIDENTIAL AND ONLY SHARED WITH RELEVANT STAFF MEMBERS AND							
NECESSARY REQUIREMENTS OF THE ORGANIZATION.							
PARENT/GUARDIAN SIGNATURE:							
• DATE:/							
FOR OFFICE USE ONLY							
APPLICATION RECEIVED BY:							
• DATE RECEIVED:/							
INTERVIEW DATE: /							
ADMISSION STATUS: APPROVED PENDING REJECTED							
A STREET OF A TOO SERVING TO SERVING THE SECTED							
REMARKS:							
rotai : \$330.00							

This Agreement is entered into as of dated,	by an
between:	
Institute Name: Rescue And Relief foundation, located at 158 du	umdu
road, Kolkata: 700074 (OPPORTUNITY SKILLS ACADEMY).	
Parent/Guardian Name:	
Student Name:	

THE PARTIES HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1.COURSE DESCRIPTION

- 1.1 The Institute will provide a specialized training course designed for young adults with Autism, mental retardation, and Down syndrome in the food and service industry.
- 1.2 The course duration is 6 to 18 months; divided into 3 levels. The student must complete the levels serially or sequentially and cannot be enrolled into higher levels in the beginning.
- 1.3 The course includes two exams at each level that students must pass to receive a certificate of completion for that respective level.

2. PLACEMENT

- 2.1 The Institute does not provide any placement guarantee.
- 2.2 The Institute will make reasonable efforts to explain the model to employers of different restaurant chains.

3. ATTENDENCE AND PERTICIPATION

- 3.1 A minimum of seventy-five percent (75%) attendance is mandatory.
- 3.2 Parents/Guardians are not allowed to be present at the Institute while classes are in session.
- 3.3 Homework will be assigned to students. Parents/Guardians must assist the Student in completing their homework.

4. FEES

- 4.1 Course fees must be paid by the 7th of each month on an advance basis.
- 4.2 Failure to pay the fees on time may result in suspension or termination of the Student's enrollment in the course.

5. EXAMINATION AND CERTIFICATION

- 5.1 The course includes two exams at each level that students must pass to receive a certificate of completion for that respective level.
- 5.2 The certificate will be awarded at the end of the training upon successful completion of all requirements.

6. RESPONSIBILITIES OF THE INSTITUTE

- 6.1 The Institute will provide the necessary training and support to the Student.
- 6.2 The Institute will make efforts to explain the training model to potential employers but does not guarantee job placements.

7. RESPONSIBILITIES OF PARENTS/ GAURDIAN

- 7.1 The Parent/Guardian will ensure that the Student attends at least 75% of the classes.
- 7.2 The Parent/Guardian will assist the Student with their homework assignments.
- 7.3 The Parent/Guardian will adhere to the payment schedule as specified in Section 4.

8. INDEMNITY

8.1 The Parent/Guardian agrees to indemnify and hold the Institute harmless from any claims, damages, or liabilities arising from the Student's participation in the course.

9. TERMINATION

- 9.1 This Agreement may be terminated by either party with thirty (30) days' written notice.
- 9.2 The Institute reserves the right to terminate the Student's lack of attendance, non-compliance with the Institute's rules and regulations or enrollment for non-payment of fees,.



10. MISCELLANEOUS

DATE:

- 10.1 This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements or understandings, whether written or oral, relating to the subject matter hereof.
- 10.2 Any modifications or amendments to this Agreement must be in writing and signed by both parties.
- 10.3 This Agreement shall be governed by and construed in the Jurisdiction of Kolkata

BY SIGNING BELOW, THE PARTIES ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND AGREED TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PARENT/GUARDIAN:	Institute Representative	
SIGNATURE:	SIGNATURE:	
NAME:		
DATE:	NAME:	
	DATE:	
STUDENT:		
SIGNATURE:		
NAME:		