

APPLICATION FORM

Bluche, Switzerland



1. About the applicant

Male Female

Family name

First name

Nationality

Date of birth (DD/MM/YYYY)

Email

Please specify if you possess a private residential permit in Switzerland:

Address

.....

City State

Postal code Country

Home phone

Mobile phone

B permit from previous school Private B permit

C permit Swiss passport

2. Education

Name of high school/college/university

Country Highest qualification

City Completion date (MM/YYYY)

3. Mother tongue and English level

If English is not your mother tongue, or if you have not spent the last three years in full-time English education, please indicate the score and provide supporting documentation of one of the following*:

TOEFL score

Cambridge First Certificate score

Cambridge Advanced score

IELTS score

Your mother tongue

*If you have any questions, please contact your education counselor.

4. Professional experience

Do you have professional working experience in a hospitality-related field?

Yes (please provide details in your CV) No

5. Academic program

Diploma in International Hotel Management (2.5 years)

BBA in Global Hospitality Management (3.5 years)

PGD in International Hospitality Management (1 year including internship)

MBA in Global Hospitality Management (1 year)

Semester Abroad Program (one semester on campus)

IHELP (Intensive Hospitality English Language Program) (6 weeks in Switzerland)

IHELP (Intensive Hospitality English Language Program) (15 weeks in London)

IHELP (Intensive Hospitality English Language Program) (20 weeks in Marbella)

Please indicate the year you wish to start: Feb 20..... Sept 20

6. Room and board

Les Roches has the following room and board options available. You will have the opportunity to select your preference once you are officially accepted and have paid the required deposit.

Double room / Single room / Off campus* / Full board / Half board* (only available to students living off campus)

*Please refer to the "Fees & other expenses" document for eligibility.

CONTINUED ►►

APPLICATION FORM

Bluche, Switzerland



7. Medical history

Do any of the below conditions apply to you? If yes, please provide a description or supporting document for eligibility analysis.

No Yes

- Learning differences
- Mental conditions (depression, bipolar disorder, eating disorder, etc)
- Allergies to medicine
- Daily medication
- Any other specific conditions (diabetes, asthma, epilepsy, etc)
- Physical limitations

8. About the parent/legal guardian/emergency contact

Mr. Ms.

Family name City State

First name Postal code Country

Languages spoken Home phone

..... Mobile phone

Address Email

9. Application fee

Please pay the application fee of CHF 250 online at www.lesroches.edu/apply/application-fees-bluche

Statement

I agree to abide by the totality of Les Roches regulations, policies and procedures governing admission, enrolment and my studies at Les Roches, as they may be revised from time to time, including those related to academic life, student life and residency and finance. I understand that the fees and other financial conditions are modified once a year and I accept their revision. I hereby declare to abide by the Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches and accept the exclusive competence of the Valais Cantonal court.

Data Protection Information

In accordance with data privacy regulations we inform you that any personal data provided will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to attend any special need during your stay, such as allergies, learning differences, etc. I understand that information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application is exact and complete. I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the schools retain the right to retract any offer made or expel the student with no refund of fees. I acknowledge that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor who have a legitimate interest to be informed. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl, Switzerland and its affiliates. Further information on how we use your personal data may be found at www.lesroches.edu/legal-information. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Date (DD/MM/YYYY).....

Signature of applicant

Signature of the parent/legal guardian (if applicant is under 18 years old)

Are you working with a representative of our school to support your application to Les Roches? Yes (please state below) No

Name of the representative/company Location of the representative

If a company, name of contact (if known).....

Please send your completed and signed forms to onlineapp@lesroches.edu or your Education Counselor.