

# Application form

PROGRAM \_\_\_\_\_

DATE \_\_\_\_\_ TERM \_\_\_\_\_

## 1. PERSONAL INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth (day/month/year) \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Profession \_\_\_\_\_

## STREET ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ Postal/Zip code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_

Primary phone (country code \_\_\_\_ ) - \_\_\_\_\_

Mobile (country code \_\_\_\_ ) - \_\_\_\_\_

## PASSPORT INFORMATION

Country \_\_\_\_\_ Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_

Kindly note that all non-EU citizens must ensure they hold all necessary documents providing them right of entry and stay in France (visa, residence permit, etc.) and to be valid throughout the term of their course training.

## 2. PERSON TO CONTACT IN CASE OF EMERGENCY

First name \_\_\_\_\_ Last name \_\_\_\_\_

E-mail \_\_\_\_\_ Primary phone (country code \_\_\_\_ ) - \_\_\_\_\_

Mobile (country code \_\_\_\_ ) - \_\_\_\_\_

## 3. HOW DID YOU FIND OUT ABOUT THE ÉCOLE RITZ ESCOFFIER?

\_\_\_\_\_

## 4. PLEASE KINDLY ADVISE OF ANY KIND OF DISEASE, DISABILITY, FOOD ALLERGY OR DIETARY RESTRICTIONS

No Yes - Details \_\_\_\_\_

## 5. LANGUAGE PROFICIENCY

French None Fair Good Fluent

English None Fair Good Fluent

Mother tongue \_\_\_\_\_

In which language would you like to receive the training material? French English

## 6. UNIFORMS

Chef coat \_\_\_\_\_ Pants \_\_\_\_\_

The trainee shall bring and wear her/his own safety shoes.

A list of suppliers can be provided by the school.

## 7. ADMISSION REQUIREMENTS

The following documents must be submitted with the application:

The application form completed, dated and signed

A resume that shall include your professional experience, education and other interests

A cover letter explaining the reasons you are interested in applying for the particular course, including your short and long-term career goals

Copy of your passport (number of passport and information with signature appearing) or of your ID (for E.U. citizens only)

2 ID pictures (name written in the back)

Medical certificate confirming your ability to work

International health insurance and insurance against third-party liability coverage

## 8. REGISTRATION CONFIRMATION

Once you have submitted the above mentioned documents, a professional training contract or agreement will be sent to you to officially confirm your registration. 30% of the total amount of the training shall be paid after the cancellation period and the remaining 70% shall be paid during your training in accordance with the contractual payment schedule.

I acknowledge having read and agree to the general Terms and Condition of Sales at the École Ritz Escoffier.

Date \_\_\_\_\_

Signature

Documents to be sent to the École Ritz Escoffier - Ritz Paris

15 Place Vendôme 75001 Paris - France

ecole@ritzparis.com