les Roches
INTERNATIONAL SCHOOL OF HOTEL MANAGEMENT
SWITZERLAND

APPLICATION FORM

ABOUT THE STUDENT

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Family Name _____

First Name _____

Occupation _____

☐ Male ☐ Female Nationality _____

Date of Birth: Day _____ Month _____ Year _____

Mailing Address _____

City _____ Postal Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ Email _____

PHOTO

Please send this form to:

The Admissions Department
Les Roches
International School
of Hotel Management
Rue du Lac 118 - 4th floor
CH-1815 Clarens - Switzerland

Phone: +41 (0)21 989 26 44
Fax: +41 (0)21 989 26 45
E-mail: admissions@lesroches.edu
Website: www.lesroches.edu

MOTHER TONGUE AND ENGLISH LEVEL

If English is not your mother tongue or if you have not spent at least 3 years in an English speaking school, please indicate the score of one of the following:

☐ TOEFL Score: _____ ☐ Cambridge First Certificate Score: _____ ☐ Cambridge Advanced Score: _____

☐ IELTS Score: _____ ☐ Other: _____ Your Mother Tongue: _____

PROFESSIONAL EXPERIENCE

Do you have professional working experience in a hospitality related field? ☐ Yes, please give details ☐ No

Most Recent Company / Hotel _____

Position Held _____ Dates _____

ABOUT THE PARENT OR LEGAL GUARDIAN AND FINANCIAL SPONSOR

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Nationality _____

Family Name _____ First Name _____

Profession _____

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Fax _____ Email _____

If you reside in Switzerland, please specify if you have a: ☐ Swiss B Permit ☐ Swiss C Permit

Are you the financial sponsor? ☐ Yes ☐ No, then please ask the financial sponsor to fill in the details below

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. Nationality _____

Family Name _____ First Name _____

Profession _____

Mailing Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Fax _____ Email _____

Registered office: GESTHOTEL Sàrl – CH-3975 Bluche, Randogne

EDUCATION

Name of High School / College / University _____

City _____ Country _____

Highest Qualification _____ Completion Date _____

What type of school was this (select all that apply)? ☐ Private ☐ Public / State ☐ International

ACADEMIC PROGRAM

Please tick the program you wish to enroll on (one choice only).

☐ **Hotel Management Diploma** (3 yrs)

☐ **BBA in International Hotel Management** (3.5 yrs) **with:**

- ☐ Entrepreneurship ☐ Finance ☐ Marketing
- ☐ Innovation & Sustainability ☐ Culinary Business Management
- ☐ Event Management

☐ **Postgraduate Diploma in International Hospitality Administration** (1.5 yrs)

☐ **Postgraduate Higher Diploma in International Hospitality Management** (2 yrs)

☐ **MBA in Hospitality** (1 yr) **with:**

- ☐ Finance or ☐ Marketing

☐ **Intensive English Language Program (IELP)**

☐ **Combined BBA I and Intensive English Language Program (EEP)**

Please indicate the year you wish to start:

January/February 20 _____ July/August 20 _____

Transfer Option:

During my studies (only for Diploma and BBA program) I would be interested in transferring to:

☐ Les Roches Marbella, Spain or

☐ Les Roches Jin Jiang, Shanghai, China

ROOM AND BOARD - ADDITIONAL OPTIONS

I would like the following arrangement:

☐ A double room (2 beds), **if available** ☐ A single room, **if available*** ☐ Off Campus**

☐ A parking permit*

☐ Full Board ☐ Half Board (only if off campus)

* Please refer to the Tuition Fees for the additional fee to be paid by semester.

** Available ONLY to final year BBA, PGD and MBA students. Please refer to 'tuition & other fees' for full details.

HOW DID YOU FIRST HEAR ABOUT US ?

☐ Les Roches Educational Counselor* ☐ Industry Professional* ☐ Student / Alumnus*

☐ Advertising / Article* ☐ Education Fair* ☐ Internet – Website

☐ Your School Counselor* *Please give the name & country:_____

☐ Other, please specify: _____

LAPTOP OPTION

☐ I will bring my own laptop which meets the institution's requirements

☐ I would like to purchase a laptop through Les Roches

APPLICATION FEE

Please debit my credit card of CHF. 100.-

☐ Visa ☐ Eurocard/Mastercard ☐ American Express

Card Number:_____ / _____ / _____ / _____

Name:_____

Expiry Date: _____ / _____ Security Code _____
(on the back of the credit card)

STATEMENT

I hereby declare that all information given on this form is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them.

I understand that the fees 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 court.

Date & Signature of the Financial Sponsor (even if the Legal Guardian)*:

VERY IMPORTANT

Please return this form fully completed and make sure the following are enclosed:

- Official copy of your High School Diploma/Degree or equivalent
- Official copy of your final transcripts
- School information with grading system*
- Official copy of your English Language Certificate (TOEFL, IELTS, etc.)*
- Copy of work certificate (if available)
- Your Curriculum Vitae (Resume)
- A Study Plan, duly dated and signed (250 words minimum)*
- A Post Study Plan, duly dated and signed (150 words minimum)
- Copy of internship evaluation (for transfer students only)
- Referral letter of professional or academic nature* (Post Graduate and Master students only)
- 1 passport size photograph
- 1 photocopy of your valid passport showing your name and nationality
- 1 copy of AVS/AHV card for Swiss permit and passport holders
- A letter of commitment from the financial sponsor
- Duly filled in, signed and stamped Medical Certificate/Physician Report
- Comprehensive report on mental health issues and/or learning difficulties with recommended treatment or provision in English or French, if appropriate

* See admission requirements in the Academic Program.

Date and Signature of the Student:

Date & Signature of the Parent/Legal Guardian*:

*** Please ensure that both the 'Financial Sponsor' and 'Parent/Legal Guardian' boxes are signed**

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SWITZERLAND

MEDICAL HISTORY

TO BE FILLED IN BY THE APPLICANT

Name _____

☐ Male ☐ Female Date of Birth: Day _____ Month _____ Year _____

Name of the Parent/Guardian _____

Address _____

City _____ Postal Code _____

State _____ Country _____

Home Phone _____ Mobile Phone _____

Fax _____ Email _____

Please send this form to:

The Admissions Department
Les Roches
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PERSONAL HISTORY

Did you ever have or do you suffer from:

	Yes	No	(if yes, when)		Yes	No	(if yes, when)		Yes	No	(if yes, when)
Chicken Pox	☐	☐	_____	Diabetes	☐	☐	_____	Mumps	☐	☐	_____
Rubella	☐	☐	_____	Tuberculosis	☐	☐	_____	Measles	☐	☐	_____
Hepatitis A/B/C	☐	☐	_____								

Any neurological condition:
(eg. Epilepsy, head injuries, etc.) ☐ ☐ _____

Any mental condition (psychological/psychiatrical):
(eg. depression, bipolar disorder, eating disorders, etc.) ☐ ☐ _____

Any learning difficulties:
(e.g. dyslexia, dyscalculia, ADHD, ADD, etc.) ☐ ☐ _____

Accident/disorder with physical long term consequences: ☐ ☐ _____

Allergies to medicine or any other products: ☐ ☐ _____

For the following points, please specify if you:

Have had any other disease or have had an operation recently: _____

Take any medication on a regular bases: _____

Are on a special diet: _____

With regards to any of the above special needs or medical condition you may have, Les Roches aims to create an environment which enables all students to participate fully in the campus life. To help us make reasonable adjustments, it is imperative to clearly indicate your medical condition and/or special needs (ie. dyslexia). **Please note that consideration of how we can meet any special needs is separate to the assessment of your academic suitability.**

How would you describe your general health condition? ☐ Excellent ☐ Very Good ☐ Good ☐ Poor

In keeping with the institute's policies regarding preventive health measures, the Campus Management may request a student to undergo a medical checkup or mental health assessment at any time during her/his studies at Les Roches.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup or mental health assessment if required. Deliberate false statements may result in expulsion. Les Roches will not be held responsible in case of incorrect medical information stipulated on the medical certificate and physician's report.

We reserve the right to withdraw a student from Les Roches if we deem our internal health care support services are unable to meet the need of the student concerned or if the student does not follow external medical advice and/or guidelines.

Date & Signature of the Student:

Date and Signature of the Parent/Legal Guardian:

Registered office: GESTHOTEL Sàrl – CH-3975 Bluche, Randogne

PHYSICIAN REPORT

TO BE COMPLETED ONLY BY A PHYSICIAN

Name of the Patient _____

Date of Birth: Day _____ Month _____ Year _____ Sex: ☐ Male ☐ Female

Blood Pressure _____ MM/HG Height (cm) _____ Weight (kg) _____ Pulse Rate _____

CLINICAL EVALUATION

Please indicate if the patient has experienced any problems with the following and attach a comprehensive report in French or English if necessary:

		Yes	No	Details
1.	Skin	☐	☐	_____
2.	Head, Neck & Thyroid	☐	☐	_____
3.	Eyes & Ears	☐	☐	_____
4.	Mouth & Throat	☐	☐	_____
5.	Chest, Breasts & Lungs	☐	☐	_____
6.	Heart & Blood Vessels	☐	☐	_____
7.	Digestive System	☐	☐	_____
8.	Nervous System	☐	☐	_____
9.	Skeletal, Muscular System	☐	☐	_____
10.	Urinary, Reproductive System	☐	☐	_____
11.	Mental Health Disorders	☐	☐	_____
12.	Learning Difficulties	☐	☐	_____
13.	Others (specify)	☐	☐	_____

REQUIRED LABORATORY TESTS / INFORMATION

Tuberculin Skin Test (TST). Please indicate date and results in mm _____ or Blood test: _____

Has the applicant been immunized against any of the following. Please specify the dates and number of doses:

	Yes	No	Details	Doses
Diphtheria	☐	☐	_____	_____
Whooping Cough	☐	☐	_____	_____
Tetanus	☐	☐	_____	_____
Poliomyelitis	☐	☐	_____	_____
Hepatitis A	☐	☐	_____	_____
Hepatitis B	☐	☐	_____	_____

GENERAL IMPRESSION

The undersigned doctor certifies that the general state of health, physical and mental condition of the applicant are excellent, that he/she is not a carrier of any infectious disease and has no physical disability. The applicant can therefore comply, without risk, with the strict requirements of professional training in the hospitality industry and living conditions on an international campus in a foreign country. The undersigned doctor also certifies that the candidate is not obliged to follow a special diet.

Date & Doctor's Signature and Stamp:

RA43/R14/11.13/10K