

Application Form

CIS-SWEDEN
STAMPGATAN 20
411 01 GÖTHEBURG

The completed application form should be sent with the requested documents to the Admissions Office at the address given below. Upon receipt of your application form we will contact you directly regarding the next steps to take and how to reserve your place.

Please check that the application form is appropriately signed and dated before sending. Documents to be sent with the application form:

- | | |
|--|---|
| <input type="checkbox"/> School leaving certificates/high-school transcripts | <input type="checkbox"/> 500-word essay |
| <input type="checkbox"/> University transcripts/degree (if applicable) | <input type="checkbox"/> Statement of health |
| <input type="checkbox"/> Proof of English proficiency (e.g. TOEFL, IELTS, TOEIC) | <input type="checkbox"/> Two passport photos |
| <input type="checkbox"/> Curriculum vitae (resumé) | <input type="checkbox"/> Work certificates if available |

Address: "César Ritz" Colleges Switzerland
Admissions Office - 1897 Le Bouveret - Switzerland
Tel.: +41 24 482 82 82 - Fax: +41 24 482 88 99
E-mail: admissions@ritz.edu

FOR WHICH PROGRAMME ARE YOU APPLYING?

Diploma / Bachelor

- English Language Programme
- Certificate in Hotel & Restaurant Operations
- Higher Diploma in Hotel & Restaurant Management
- Bachelor of International Business in Hotel & Tourism Management

Culinary Arts Academy Switzerland

- Advanced Certificate in Culinary Arts
- Higher Diploma in Culinary Studies

Postgraduate / Master

- University Preparatory Programme
- Postgraduate Diploma in International Hospitality Management
- Master of International Business in Hotel & Tourism Management
- Master of Science in International Hospitality Management

Starting dates 2009	<input type="checkbox"/> 12 January	<input type="checkbox"/> 6 April	<input type="checkbox"/> 13 July	<input type="checkbox"/> 5 October
Starting dates 2010	<input type="checkbox"/> 11 January	<input type="checkbox"/> 5 April	<input type="checkbox"/> 12 July	<input type="checkbox"/> 4 October

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO THE ADMISSIONS OFFICE

Student Address: Gender M F
Family Name(s) First Name(s).....
Date of Birth (DD/MM/YYYY)..... Marital Status..... Nationality.....
House No. & Street..... Post Code & Town.....
State & Country E-mail.....
Telephone..... Fax.....
Parents or Guardian: Gender M F
Family Name(s) First Name(s)
Occupation..... House No. & Street.....
Post Code & Town..... State & Country
E-mail..... Telephone.....
Fax.....

EDUCATION

Schools attended (including hotel schools or universities if applicable)

Name	Town	From / To	Diploma obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LANGUAGE KNOWLEDGE (Fluent / Good / Some)

	Spoken	Written	Reading
English _____	_____	_____	_____
Others _____	_____	_____	_____
Mother tongue _____	_____	_____	_____

TOEFL / IELTS / TOEIC test score: _____

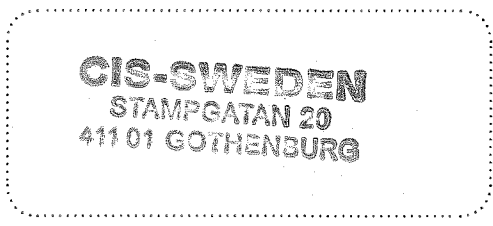
PREVIOUS PROFESSIONAL EXPERIENCE (Please attach copies of certificates - last 3 only)

VISA

Should you require an entry visa to Switzerland, indicate the Swiss Embassy or Consulate nearest to your hometown.

REPRESENTATIVE

"César Ritz" Colleges Switzerland REPRESENTATIVE (if applicable)



CANCELLATION - WITHDRAWAL - REFUND - WAIVER

Cancellation may be accepted only up to 8 weeks prior to the start of the course, in which case CHF 1,500 of the initial down payment of CHF 3,000 will be reimbursed.

In case of withdrawal or dismissal from the course, please refer to our refund policy in the corresponding course catalogue. Should an accepted student wish to postpone enrolment to a later term, the college will credit the full amount of the Operating Account (CHF 3,000) to the student's bank account, if informed 8 weeks before the beginning of the course. No refund is made in any case of withdrawal or postponement during the 8-week period preceding the beginning of the term. The college will accept only one postponement of enrolment.

A complete set of school rules and regulations, including refund policy in case of cancellation, will be provided on request. The Management reserves the right to alter the contents at any time without prior notice. This application form relates to the course programmes published in the general "COURSE CATALOGUE" and supersedes all previous publications.

"César Ritz" Colleges Switzerland assumes the right to divulge progress reports to the guardian, sponsor or appointed representative when it is considered beneficial to student progress.

Fees are reviewed every January but can be subject to change at any time.

DECLARATION

I declare that the information I have given is true and correct and that I have read and agree with the refund policy and accept the rules and regulations of the college which are available upon request.

Signature / Date _____ If applicant is minor, signature of guardian or sponsor

Statement of Health

Student Name: _____

Information concerning the health of the person to be insured. The following questions concerning your state of health must be answered completely and truthfully.

Name and address of your family doctor, who you normally consult:

When was the last time you had treatment or underwent an examination?

Date: _____ Reason: _____

Your height: _____ cm Your weight: _____ kg

Please tick box as appropriate:		Yes	No
1	Are you presently ill or do you have any health problems ?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you presently unfit for work ?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been unfit to work for more than 4 weeks during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have any physical disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are you at present under treatment by a doctor, chiropractor, therapist, or any other medical specialist?	<input type="checkbox"/>	<input type="checkbox"/>
6	Do you regularly use medication?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have or have you had within the last 5 years, one of the following problems:		
A	Psychiatric or neurotic illnesses (depression, psychic or neurotic disorders, epilepsy, fainting fits, dizzy spells, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
B	Diseases of the respiratory organs (tuberculosis, asthma, chronic cough, etc.)? - If "No" to tuberculosis, have you had a Mantoux test? Yes, date: _____ / No - If Mantoux test was positive, a copy of the chest X-ray is required. Chest X-ray: Date _____ Result: _____	<input type="checkbox"/>	<input type="checkbox"/>
C	Diseases of the heart or blood vessels (heart attack, blood pressure, vascular diseases, phlebitis, varicose veins, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
D	Blood diseases (leukaemia, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
E	Urinary or genital diseases (kidneys, bladder, prostate, sexual diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
F	Tumors or cancer?	<input type="checkbox"/>	<input type="checkbox"/>
G	Diseases of the digestive organs (stomach, intestines, liver, gall bladder, pancreas, spleen, jaundice, haemorrhoids, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
H	Metabolic or glandular disorders (diabetes, gout, thyroid gland disturbances, cholesterol problems)?	<input type="checkbox"/>	<input type="checkbox"/>
I	Bone or joint diseases (spinal column, discus hernia, sciatica, rheumatism, arthritis, backache, knee, elbow, ligament, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
J	Disorders of the skin or sensory organs (eczema, psoriasis, eye or ear diseases)?	<input type="checkbox"/>	<input type="checkbox"/>
K	Nose and throat diseases?	<input type="checkbox"/>	<input type="checkbox"/>
L	Disorders of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>
M	Dyslexia?	<input type="checkbox"/>	<input type="checkbox"/>
N	Allergies?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you undergone an AIDS test that was positive for HIV?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you regularly consume, or have you regularly consumed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you suffer from illnesses, consequences of accidents, deformities, or congenital diseases?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you have any upcoming treatment planned (outpatient, partial inpatient, hospitalization)?	<input type="checkbox"/>	<input type="checkbox"/>
12	For female applicants:		
A	Are you pregnant? Expected delivery date: _____	<input type="checkbox"/>	<input type="checkbox"/>
B	Do you suffer, or have suffered from gynaecological disorders (ovaries, uterus, fallopian tubes, sterility, miscarriage, irregular periods, breast complaints, etc.)? Waiting period for maternity benefits 365 days	<input type="checkbox"/>	<input type="checkbox"/>

If one or more questions have been answered with yes, please list in more detail below:

Number	Illness, accident, disability, etc.	Treatment date	Treatment terminated	Name and address of the doctor responsible or hospital

DECLARATION

I declare that the information I have given is true and correct.

Signature / Date _____ If applicant is minor, signature of guardian or sponsor

Supplementary Information

HOW DID YOU FIRST HEAR ABOUT OUR PROGRAMMES? (Please select one only)

- | | | |
|---|---|--|
| <input type="checkbox"/> Friends or family | <input type="checkbox"/> School counsellor* | <input type="checkbox"/> "César Ritz" student* / graduate* |
| <input type="checkbox"/> Industry professional* | <input type="checkbox"/> Seminar / Fair (city, date)* | <input type="checkbox"/> Website / Internet |
| <input type="checkbox"/> Newspaper* | <input type="checkbox"/> Swiss Embassy / Consulate | <input type="checkbox"/> Educational website* |
| <input type="checkbox"/> Other* | * Please give the name _____ | |

ACCOMMODATION REQUESTS

If no preference is made, students will be informed of their room allocation upon arrival.

Institut Hôtelier "César Ritz", Le Bouveret (all rooms are non-smoking)

Standard room (no extra charge)

Deluxe room	Additional cost per term
<input type="checkbox"/> Single room	CHF 1,150
<input type="checkbox"/> Double room	CHF 550

University Centre "César Ritz", Brig (all rooms are non-smoking)

Single deluxe room (no extra charge)

Accommodation can be in different facilities. Students in Brig who are allocated double room accommodation will receive a financial refund.

Dietary requirements Vegetarian Non-fish Non-beef Non-pork Food allergies

"César Ritz" Colleges Switzerland cannot guarantee that all requests can be met in full. Preference for allocation is made for applicants on a first come, first served basis.

WELCOME PACK

Once you have reserved your place, we will send you a Welcome Pack with full details of the items you need to bring and supplementary information about the campus.

ARRIVAL DETAILS

Dates

Students are requested to arrive between the Friday and Sunday before the official starting date.

Airport

Students should fly to Geneva airport if possible where we will have a Welcome Desk. Flight reservations should be made well in advance of your starting date.

Welcome Desk

"César Ritz" Colleges Switzerland will have a Welcome Desk at Geneva airport staffed by experienced students who will help you with luggage and to purchase the half-fare train card and train ticket. The Welcome Desk is open from Friday to Sunday, 08:30 - 23:00. If you are arriving outside these times, please inform the Admissions Office in advance.