



Student Application Form

Student Information									
Full Name:		Surname :		Date:					
Address:					City:				
Country:					Post Code				
Phone: ()				E-mail Address:					
Course Applied for:									
Are you a competent in English language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you willing to take an English test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have basic Mathematics Skills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you willing to take a Math's test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Course of Study									
(Please tick the appropriate box)									
Kitchen	<input type="checkbox"/>	Tourist Guide	<input type="checkbox"/>						
Bar & Restaurant	<input type="checkbox"/>								
Reception	<input type="checkbox"/>								
Previous Education									
High School:				Address:					
From:		To:		Did you Complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Award Name:		
College:				Address:					
From:		To:		Did you Complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Award Name:		



University:				Address:			
From:		To:		Did you Complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Award Name:
Others:				Address:			
From:		To:		Did you Complete?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Award Name:

References

Please list two professional references.

Full Name:			Relationship:		
Company:			Phone:	()	
Address:					
Full Name:			Relationship:		
Company:			Phone:	()	
Address:					

Work Experience (If any)

Company:			Phone:	()			
Address:			Supervisor:				
Job Title:		From:		To:		Salary	£
Responsibilities:							
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:			Phone:	()			
Address:			Supervisor:				
Job Title:		From:		To:		Salary	£
Responsibilities:							



May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Ethnic Origin					
Asian <input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Other		
Disclaimer and Signature					
<i>I certify that my answers are true and complete to the best of my knowledge.</i>					
Signature:				Date:	