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International College of Hotel Management
ADELAIDE – AUSTRALIA

Application Form

HOW TO COMPLETE THIS APPLICATION FORM

This application form has three parts, **PART A**, **PART B** and **PART C**. Complete those sections relevant to your situation or status.

PART A and PART C – To be completed by all Australian and New Zealand citizens, Australian Permanent Residents, or holders of an Australian humanitarian visa.

PART A, PART B and PART C – To be completed by all international students.

ICHM APPLICATION FORM CHECKLIST

- ☐ Completed application form.
- ☐ Certified copy of your education documents (e.g. school, college, university transcripts).
- ☐ Reference letter.
- ☐ Evidence of citizenship ((e.g. Australian Students - Copy of passport details page/birth certificate; International Students - Copy of passport details page).
- ☐ A recent photograph (e.g. passport photo).
- ☐ Detailed syllabus/curriculum if applying for Recognition of Prior Learning/Credit Transfers.
- ☐ Evidence of employment (if applicable).
- ☐ Evidence of English language fluency (e.g. IELTS result) if English is not your mother tongue.

All students applying to ICHM must complete PART A with required attachments (e.g. transcripts)

PLEASE WRITE CLEARLY IN BLOCK LETTERS

I wish to apply for enrolment in the ☐ Bachelor of International Hotel Management (Swiss Hotel Association) and Bachelor of Business (Hospitality Management)
(Tick one only) ☐ Bachelor of International Hotel Management (Swiss Hotel Association)
☐ Bachelor of Business (Hospitality Management)

intake begins in July 2017 ☐ January 2018 ☐ July 2018 ☐ January 2019 ☐

IDENTIFICATION

Title (please circle): Mr Ms Miss Mrs

Address for Correspondence (mailing address):

Family Name: _____

Given Names: _____

Preferred Name (if applicable): _____

Date of Birth: DAY / MONTH / YEAR Gender: ☐ Male ☐ Female

Mobile: _____

Nationality: _____

How did you hear about ICHM? ☐ Agent ☐ Internet ☐ Friend

Passport No: _____ Expiry Date: _____

☐ Expo ☐ School ☐ Other (please indicate).....

Students Direct Email: _____

(Note: not school or education agent)

Parent/Guardian

Family Name: _____

Parents/Students Home Mailing Address:

Given Name: _____

English Name (if app): _____

Relationship to Student: _____

Personal Email: _____

Tel: _____

Home Tel: _____ Work Tel: _____

EDUCATION

Provide evidence (e.g. academic transcripts) of your education or training.

If you have not yet completed your final year of high school, attach your most recent results.

Note: If documents are not in English, a certified translated version must also be supplied.

Title of Course	Name of Institution or School	Language of Instruction	Location	Years e.g. 2014-2015	Successfully Completed
_____	_____	_____	_____	_____	Yes No
_____	_____	_____	_____	_____	Yes No

 Supporting documentation in English must be attached

RECOGNITION OF PRIOR LEARNING / CREDIT TRANSFERS

This section only applies to students who wish to claim Recognition of Prior Learning/credit transfers for another institution related/university study after high school.

Please make sure to submit your full academic transcripts and course syllabus/curriculum. Certified English translations are required if in a language other than English.

Are you applying for recognition? ☐ No ☐ Yes

Name of Institution: _____

Academic Level Attained: _____

EMPLOYMENT

If you have worked in the hospitality industry, please attach evidence of this experience. (eg. a statement from employer)

Type of Work	Name of Establishment	Country	Full Time Part Time	Length of Time Hours/Months

 **Supporting documentation in English must be attached**

LANGUAGE KNOWLEDGE

Languages: For each language that you speak, write and read; indicate the level of fluency on a scale of 1 - 5.
With 1 being - Extremely Well, and 5 being - Limited Knowledge

Language	Speak	Write	Read	Did you study this language? If yes, how many hours of study?
English				

 **Attach evidence of all language study (including high school results)**

Which language do you consider your first language (mother tongue)? _____

Note: International students may be required to provide evidence of English proficiency in Part B of this Application Form.

REFERENCE

A minimum of one reference must be supplied. Suitable reference providers include a school teacher, university/career guidance counsellor, authorised agent or employer. The reference letter should assess the students personal qualities, academic ability and suitability to the hospitality industry.

(1) Name: _____

Address: _____

Tel: _____ Email: _____

☐ Reference letter enclosed with application ☐ Reference letter to be sent separately directly to ICHM

ACCOMMODATION & MEALS

Do you want to stay in the ICHM on-campus accommodation facility which includes all meals? ☐ Yes ☐ No

STUDENTS MEDICAL HEALTH

Students and parents must advise ICHM of any prior or existing medical conditions that may affect the student's health or ability to complete the course and/or work in the hospitality industry. (e.g. disability, asthma, diabetes, epilepsy etc.)

- Australian and New Zealand citizens, Australian Permanent Residents, or holders of a Australian humanitarian visa proceed to PART C.

- All international students proceed to PART B.

All international students must complete Part A, B and C for their application to ICHM.

AGENT DETAILS

If you are using an approved ICHM education agent to assist you with your application, please provide the following information.

Name of Agency: _____

Official Agent Stamp: _____ Staff Member Assisting With Application: _____

Tel: _____ Email: _____

ENGLISH LANGUAGE PROFICIENCY

Provide your score for one of the following. If you have not been tested, circle the test you intend to take.

(Note: See pg.22 for the English requirements)

IELTS (Score) _____ TOEFL _____ Pearson PTE _____

Cambridge English CAE _____ Date obtained _____ DAY / MONTH / YEAR

 **Supporting documentation must be attached**

Will you attend an English language course prior to commencement? Yes ☐ No ☐

At which school: _____

FINANCIAL SUPPORT

Please indicate the planned source of financial support for your studies. You may select more than one.

☐ Family Supported ☐ Self Supported ☐ Loan ☐ Other – please specify: _____

CURRENT VISA STATUS

Do you currently hold an Australian Visa? Yes ☐ No ☐ Visa Expiry Date: ____ / ____

If yes, state the type of Visa (e.g. student, bridging etc.) _____ (please attach a copy)

Have you ever been refused entry to Australian CRICOS registered institution? Yes ☐ No ☐

Have you ever had an Australian visa application rejected? Yes ☐ No ☐

- Proceed to PART C.

All applicants are required to complete PART C**APPLICANT DECLARATION**

I acknowledge that I have read the ICHM Prospectus and or viewed the ICHM website. I further acknowledge that all the information provided in this application form is correct, and I have read all the ICHM Rules, Policies and Procedures on the ICHM website, including notice of the the Refund Policy and I declare that I will abide by all the terms and conditions contained within them. I agree to be bound by the College's Rules, Policies and Procedures and acknowledge that all disputes arising from the details and conditions contained in this application shall be governed by, and in accordance with, the laws of South Australia and be submitted to the jurisdiction of the Courts of South Australia. I consent to ICHM using my photograph for ICHM marketing and promotional materials use; should I not wish to have my photograph used for such purposes I will notify ICHM in writing. I hereby give permission to the College to pass my relevant information concerning any results and progress at the College to my Parent/Guardian and the Human Resource Departments of Hotels in which I apply to complete my industry placements. Information regarding any health issues that may impact my study or industry placement may be passed on to relevant ICHM staff or hotel Human Resources Department. I understand that by completing and signing this application, I am giving written consent to ICHM to arrange independent, third party verification for any information and documentation supplied by me in this application. I consent to ICHM forwarding my application and other appropriate information to both the South Australian Minister for Further Education and Commonwealth Government Departments.

Applicant's Signature: _____ Date: _____
DAY / MONTH / YEAR

Parent/Guardian Signature (if Applicant is under 18): _____ Date: _____
DAY / MONTH / YEAR

Should a copy of the invoices be sent directly to the parent/guardian? Yes ☐ No ☐

Send fully complete applications to:

Email: admissions@ichm.edu.au

Or

ICHM Admissions & Administration Office
PO Box 125
Kilkenny SA 5009
Australia