



APPLICATION FORM

Program: _____
Date: _____ Duration: _____ Fee: _____

1. PERSONAL INFORMATION

Gender: Male Female

First name: _____ Last name: _____

Date of birth (day/month/year): _____ Place of birth: _____

Nationality: _____ Profession: _____

Street address: _____

City: _____ Postal/Zip code: _____ Country: _____

E-mail: _____

Primary phone: (country code _____) - _____

Mobile: (country code _____) - _____

Passport information:

Country of issue: _____ Passport number: _____ Expiration date: _____

If you are not EU citizen or permanent resident in EU countries, please kindly make sure you are in possession of all the necessary stay authorizations for the duration of the program upon arrival in France.

2. PERSON TO CONTACT IN CASE OF EMERGENCY

First name: _____ Last name: _____

Relationship: _____

Street address: _____

City: _____ Postal/Zip code: _____ Country: _____

E-mail: _____

Primary phone: (country code _____) - _____

Mobile: (country code _____) - _____

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

4. PLEASE KINDLY ADVISE OF ANY KIND OF DISEASE, HANDICAP, FOOD ALLERGY OR FOOD RESTRICTION:

No Yes - Details: _____

5. LANGUAGE PROFICIENCY

French None Fair Good Fluent

English None Fair Good Fluent

Mother tongue: _____

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

6. UNIFORM: please specify if your size US / FR / UK

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

A completed application form with the following documentation attached must be submitted to the school once the program is chosen:

- A standard resume, including your professional experiences, education and interests.
- Letter of Motivation, detailing your reasons for wishing to follow the program chosen and also explaining your short and long-term professional goals.
- Copy of your passport (page related to marital status, number of passport and signature) or of your ID (for European citizens only).
- 2 ID pictures (name written in the back)
- Medical certificate confirming of your capacity on follow the training.
- International health & liability insurances.

8. REGISTRATION CONFIRMATION

Once you receive the documents mentioned above, 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 withdrawal 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 of Sales of the Ecole Ritz Escoffier,

Date : _____

Signature : _____

Documents to be sent to Ecole Ritz Escoffier-Ritz Paris

15 place Vendôme, 75001 Paris - France

ecole@ritzparis.com