

		TO		
1. PERSONAL INFORM.	ATION			
First name		Last name		
Date of birth (day/month/year)		Place of birth	1	
Nationalité		Profession		
STREET ADDRESS				
Street				
City		Postal/Zip code		
State/Province	Соц	Country		
E-mail				
Primary phone (country code) -				
Mobile (country code)				
2. PERSON TO CONTA	CT IN CASE O	FEMERGEN	CY	
First name	Last name _	Last name		
E-mail	Primary phone (country code)			
Mobile (country code)				
Mobile (country code)				
Mobile (country code)				
3. HOW DID YOU FINI	D OUT ABOUT	THE ÉCOLE	RITZ ESCO	
3. HOW DID YOU FINI	D OUT ABOUT	THE ÉCOLE	RITZ ESCO	
3. HOW DID YOU FINI 4. PLEASE ADVISE ON MOBILITY RESTRICTIO	D OUT ABOUT	THE ÉCOLE	RITZ ESCO	
3. HOW DID YOU FINI 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC DOD ALLERO	RITZ ESCO AP OR GY/DIETARY	
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIONS	D OUT ABOUT	THE ÉCOLE ES, HANDIC DOD ALLERO	RITZ ESCO AP OR GY/DIETARY	
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS No Yes - Details	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC DOD ALLERO	RITZ ESCO AP OR GY/DIETARY	
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS NO Yes - Details 5. LANGUES PROFICIE	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC DOD ALLERO	RITZ ESCO AP OR GY/DIETARY	
3. HOW DID YOU FINE 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS No Yes - Details 5. LANGUES PROFICIE French	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE	AP OR GY/DIETARY	FFIERŞ
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS No Yes - Details 5. LANGUES PROFICIE French English	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC OOD ALLERO Fair	AP OR GY/DIETARY	FFIER ?
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIONS	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC OOD ALLERO Fair Fair	AP OR GY/DIETARY	FFIER ? Fluent Fluent
3. HOW DID YOU FINE 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS No Yes - Details 5. LANGUES PROFICIE French English Mother tongue In which language would you like to	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC OOD ALLERO Fair Fair	AP OR GY/DIETARY Good Good	FFIER ?
3. HOW DID YOU FIND 4. PLEASE ADVISE ON MOBILITY RESTRICTIO RESTRICTIONS No Yes - Details 5. LANGUES PROFICIE French English Mother tongue	D OUT ABOUT ANY ILLNESSE NS AND/OR FO	THE ÉCOLE ES, HANDIC OOD ALLERO Fair Fair naterial ?	AP OR GY/DIETARY Good Good	FFIER ? Fluent Fluent

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ORGANISME DE FORMATION ENREGISTRE A LA DRIEETS ILE-DE-FRANCE
N° DE DECLARATION : I I 755566775. CET ENREGISTREMENT NE VAUT PAS AGREMENT DE L'ETAT



7. ADMISSION REQUIREMENTS

A face-to-face or telephone interview is required to identify your expectations and training needs.

The following documents must be submitted with the application:
 □ The application form completed, dated and signed □ A resume that shall include your professional experience, education and other interests □ A cover letter explaining the reasons you are interested in applying for the particular course, including your short and long-term career goals □ Copy of your passport (number of passport and information with signature appearing) or of your ID (for E.U. citizens only) □ 1 recent ID picture (electronic format will be accepted) □ International health insurance □ Insurance against third-party liability coverage
8. REGISTRATION CONFIRMATION Once the interview carried out and all the above mentioned documents received, 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 cancellation period and the remaining 70% shall be paid during your training in accordance with the contractual payment schedule.
9. METHODS OF PAYMENT Wire transfer or credit card Please confirm:
10. MEDIA Do you follow any restaurant-related media (podcasts, print media, social media accounts and websites)? If so, which ones?
I acknowledge having read and agree to the general Terms and Condition of Sales at the École Ritz Escoffier. I agree to subscribe to the newsletter of the Ecole Ritz Escoffier and/or Hotel Ritz Paris and to receive their personalised communications by e-mail, including information about offers, services, products or events.
Date
Signature

Documents to be sent to the École Ritz Escoffier - Ritz Paris / 15 Place Vendôme 75001 Paris - France / ecole@ritzparis.com

Personal data: The personal data collected in this form will be recorded in a file processed by the Ritz Paris (data controller) and communicated for the purposes of this contract by authorised persons at the Ecole Ritz Escoffier. It will be kept for the duration of the contract and subsquently, after the end of the contract, for a limited period in its archives and for «alumni» events of the Ecole Ritz Escoffier. In accordance with the French Data Protection Act n°8-17 of 6 January 1978 as amended and the General Data Protection Regulation (EU) 2016/679, the right to restrict processing, Please visit cnillfr for more information about your rights. You may also, an legitimate grounds oppose the processing of your personal data. You may also withdraw your consent to receive the Ritz Paris Newsletter at any time. To exercise these rights or if you have any questions about the processing of your data within this framework, you may contact the Data Protection Officer dpo@ritzparis.com. If, after contacting us, you feel that your «Data Protection» rights have not been respected, you may submit a complaint to the CNIL.