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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).
- Evidence of citizenship ((e.g. Australian Students - Copy of passport details page/birth certificate; International Students - Copy of passport details page).
- 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:

Undergraduate:

- Bachelor of Business (Hospitality Management) 075806G
- Associate Degree in Hospitality Management 075808F

Postgraduate:

- Master of International Hotel Management 097743C
- Pre-Masters Program 099349G

Study Abroad – please use separate Study Abroad form

Nominated Intake:

- July 2021
- January 2022
- July 2022
- January 2023

IDENTIFICATION

Family Name: _____ Residential Address: _____
 Given Names: _____
 Preferred Name (if applicable): _____
 Date of Birth: DAY MONTH YEAR _____ / _____ / _____
 Gender: Male Female Neutral Mobile: _____
 Marital Status: Single Married USI number (if you already have one): _____
 Nationality: _____ How did you hear about ICHM? Agent Internet Friend
 Expo School Other (please indicate).....
 Passport No: _____ Expiry Date: _____
 Students Direct Email: _____
 (Note: not school or education agent)

Parent/Guardian

Family Name: _____ Residential Address (if different to above): _____
 Given Names: _____
 English Name (if app): _____
 Relationship to Student: _____
 Personal Email: _____ Mobile: _____ 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. 2019-2020	Successfully Completed
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

 Supporting documentation in English must be attach

RECOGNITION OF PRIOR LEARNING (RPL)

Recognition of Prior Learning (RPL) or credit transfers, for study undertaken at other institutions (e.g. colleges/university) 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. If RPL is granted, it may reduce your overall tuition cost and/or study workload.

Are you applying for RPL? No Yes

Name of Institution: _____

Academic Level Attained: _____

 Attach supporting documentation in English (if required)

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	Length of Time	
		Full Time Part Time	Hours /Months

Resume Attached: Yes No

 Supporting documentation in English must be attach

LANGUAGE

What is your home/native language? _____

International students are required to provide evidence of English Language proficiency in Part B of this Application Form.

COURSE PROGRESSION CONSIDERATIONS

ICHM endeavours to ensure all students are provided with the requisite level of support in order to assist them to meet course requirements. New students must advise ICHM of any specific requirements such as medical (e.g. asthma, diabetes, epilepsy etc.), learning support requirements (e.g. dyslexia), physical impairment, religious, dietary, and/or any other requirements. Use the space below to provide this information. If none, then please indicate N/A (Not Applicable).

– 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.

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

Have you had a visa refusal or cancellation from any other country? 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 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 Refund Policy and I declare that I will abide by all the terms and conditions contained within them, as updated from time to time.
- 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.
 - Pass my relevant information concerning any results and progress at the College to the Human Resource Departments of Hotels in which I apply to complete my Work Intergrated Learning (WIL) or industry placements.
 - Pass on information regarding any health issues that may impact my study or industry placement to relevant ICHM staff or hotel Human Resources Department.
 - Provide my personal details to UP Education, ICHM's parent entity, for learning or administrative purposes.
 - Provide de-identified student work to other educational providers for the purposes of moderation and validation.
- 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 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