

APPLICATION PACKAGE

Bachelor Program

APPLYING TO ÉCOLE DUCASSE - ENSP CAMPUS

Step by step guide

1. Submit your application

In order to apply to the École Ducasse - ENSP Campus programs please send your application by email to international.enrolment@ecoleducasse.com or to your Education Counselor.

REQUESTED DOCUMENTS

Completed Application form
Motivation Letter
Curriculum Vitae
Copy of Passport
Proof of Academic records and English level (where applicable)
Letter of commitment from financial sponsor
Parental consent for applicants under 18 years of age (where applicable)
Copy of French Baccalauréat Diploma or Equivalent Level 4 (European level) - comparability statement from ENIC NARIC

2. Prepare for your admissions assessment

Following the submission of your completed application form and relevant documents, we will contact you to schedule an admissions assessment.

3. Receive acceptance letter - if successful

Once the application request has been approved by the École Ducasse Admission committee, you will receive your offer letter and the acceptance package, which will include the invoice, and further important documentation that need to be completed and signed.

4. Confirm your place at École Ducasse

You will need to pay the required down payment to confirm your place, within the required timeline.

5. Receive pre-arrival support

Right up until you arrive on our campuses, you will receive dedicated support to help with any questions that you might have.

APPLICATION FORM

1. Obout the applicant

male

female

Gender:

Family name:		
First name: Date of birth: (DD/MM/YYYY)		
Postal Address:		
City:	State:	
Country of residence:		
Mobile phone:		
Email address:		
French Language Leve		
Mother Tongue:		
To apply for the Bachelor de la École Ducasse (ENSP Campus), appli sufficient knowledge of French, as the do so by meeting any one of the criter	cants are required to demonstrate course is taught in French. You may	
French is my mother tongue		
I can provide an official test score	and supporting documentation	
DELF Score:		
Other certification (please specify	provider and score)	

3. **Gademic Program**

Name of other provider:

Please confirm your choice of program, by ticking the box below:

score:

Bachelor de la Pâtisserie Française (duration 3 years, session taught in French) Starts in September 2020

4. Medical History

If you have a learning difference or medical condition which means that you may require additional help during your studies, it is important to provide the following information which will be kept confidential and will not affect your academic eligibility to the School. Do any of the following apply to you?

Learning Differences (eg dyslexia, dysgraphia, dyscalculia, ADD, etc.)
Mobility/Hearing/Vision Given the nature of studies (practical, academic), please be aware that this could be an area where challenges may occur.
Medical needs:
Any other condition :

5. Obout the parent/legal guardian/emergency contact

☐ Mr ☐ Mr	S		
Languages spo	ken:		
Family name:			
First name:			
Postal Address	:		
City:		State:	
Postal code:		Country:	
Home Phone:_			
Mobile phone:		Email:	
Relationship w	ith applicant: (you	u can tick more than one box)	
Parent	Guardian	Emergency Contact	

6. Opplication Fee

Your application is incomplete until you have paid the fee of 200€. Please click here to make the application fee payment <u>enspapp.flywire.com</u>.

MOTIVATION LETTER

D	bout	you
		J

Describe yourself and your interest in Pastry Arts (max 300 words):

Your reasons and motivation for joining this particular program (max 150 words):

Obout your professional p	lans
Briefly explain your long-term career plans	(max 150 words):
Present a feasible action plan to accomplish	your goals (max 150 words):
	, ,
Date (DD/MM/YYYY)	
Name of applicant:	Signature of applicant:

DATA PROTECTION

In accordance with data privacy regulations, we want you to be informed that any personal data provided on this application form will be treated with the sole purpose of assessing your application and, in case of being accepted, issuing your registration packet. Medical information will be used to ensure you are fit to start learning at École Ducasse – ENSP Campus or to make sure we can adjust our teaching methods accordingly or attend any special need during your stay such as allergies. Personal data will be stored within the legally stipulated periods and, for operational reasons and as is necessary and proportionate for intended purposes, may be transferred to École Ducasse – ENSP Campus' parent company: Sommet Education Sàrl (Switzerland) and its affiliates. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

APPLICATION STATEMENT

Name. First Name:

By signing below, I understand that the information required is necessary to fulfill the purpose of the document and hereby declare that all information and attachments given on the application form are exact and complete.

Date: (DD/MM/YYYY)	
Signature of applicant "Read and approved"	Signature of parent/legal guardian (if applicant is under 18 years old) «Read and approved»
Are you working with a rep to École Ducasse?	resentative of our school to support your application
Yes (please state below)	No
Name of the representative	/company:
Location of the representat	ive:
	act (if known):
,,,	

Please send your completed and signed forms to international.enrolment@

ecoleducasse.com or send to your Education Counselor.

LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

SPONSOR	DETAILS	
Mr	Mrs	
Family nam	e:	
First name:		
Date of birt	h: (DD/MM/YYYY)	Nationality:
Postal Addr	ess:	
City:		State:
Postal code	:	Country:
Home Phone	e:	
Mobile phor	ne:	Email:
Passport or	ID number (please specify]:
Relation to	applicant:	
I here by gu	arantee that I am capable	of financing and commit to pay Mr/Ms
		studies at École Ducasse and all
of his/her e modified on French law	xpenses. I understand that ce a year and accept their in case of a dispute relate ligations towards École Du	the fees and other financial conditions are revision. I hereby declare to abide by the d to the interpretation or the execution of casse and accept the exclusive competence
Date (DD/MM/	YYYY)	Signature:

In accordance with data privacy regulations we inform you that any personal data provided will be treated by École Ducasse with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl in Switzerland and its affiliates, as well as to the government authorities for the purpose of delivery of your resident permit. Further information on how we use your personal data may be found at www.lesroches.edu/legal-information. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com. Please upload to the Online Application, or email to info@lesroches.edu or send to your Education Counselor.

PARENTAL CONSENT AND DECLARATION

Applicants who are below the age of 18 at the start date of the first semester must have their parent/legal guardian complete the form below.

Please include in your application submission, by emailing to international.enrolment@ecoleducasse.com or send to your Education Counselor.

	·
I, the undersigned: Parent Lega	l guardian
Family name:	First name:
Postal Address:	
City:	State:
Postal code:	Country:
Home Phone:	Mobile phone:
I hereby declare that I have leg	al custody of the child:
Applicant's family name:	
Applicant's first name:	Date of birth: (DD/MM/YYYY)
Postal Address:	
City:	State:
Postal code:	Country:
assume responsibility for the we This general consent express voluntary activities and events	Ducasse is an adult environment, and therefore loll-being and actions of the minor mentioned above. By also includes independent participation in organised by the school, including but not limited for events organised by the student body.
Consent	
the school becoming effective listed above.	ree to all communications and notifications from by being addressed directly to the minor child ct until the minor child's 18th birthday.
Date (DD/MM/YYYY)	Signature of parent/legal guardian

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INTERNATIONAL ASSISTANCE GET IN TOUCH WITH AN EDUCATION COUNSELOR

If you need help with your application, please do not hesitate to contact us. Our team will put you in touch with an education counselor or admissions adviser in your region.

ENSP Campus Château de Montbarnier 43200 YSSINGEAUX, FRANCE international.enrolment@ecoleducasse.com

