

### APPLICATION PACKAGE

Bachelor Program

#### APPLYING TO ÉCOLE DUCASSE - PARIS CAMPUS

Step by step guide

# 1. Submit your application

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

#### 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

# Obout the applicant

Gender: male female				
Family name:				
First name:				
Date of birth (DD/MM/YYYY):				
Nationality:				
Postal Address:				
City: State:				
Country of residence:				
Mobile phone:				
Email address:				
Education				
Ladoution				
Name of High School / College / University:				
City: Country:				
Highest Qualification and Subject:				
Completion Date:				
English Language Level				

# 3.

Mother Tong	Tonaue:	
	J	

To apply for a program at École Ducasse, applicants are required to demonstrate sufficient knowledge of English. You may do so by meeting any one of the criteria below:

English is my mother tongue

My final two years of education were spent in an institution where English was the primary language of instruction

2.

I can provide an official	test score and supporting documentation:
IELTS: score	
TOEFL: score	
Cambridge First Ce	rtificate: score
Cambridge Advance	d: score
Name of other provider	:score:
Ocademic Pro	gram
Please select the progr	am you wish to enrol in:
Bachelor in Culinar (duration 3 years, course	
Bachelor in French (duration 3 years, course	
Please indicate the mo	nth and year you wish to start:
September 2020	February 2021* *(only applicable for Bachelor in French Pastry Arts)
Medical Histo	ry
you may require addition provide the following in	ifference or medical condition which means that onal help during your studies, it is important to after a will be kept confidential and will ic eligibility to the School. Do any of the following
Learning Difference	es (eg dyslexia, dysgraphia, dyscalculia, ADD, etc.)
	sion Given the nature of studies (practical, academic), t this could be an area where challenges may occur.
Medical needs:	
Any other condition	

4.

5.

# 6. Obout the parent/legal guardian/emergency contact

Mr	r	Mrs			
Lang	guages	spokei	n:		
Fami	ily name	e:			
First	t name:				
Post	al Addr	ess:			
City:					State:
Post	al code	:			Country:
Hom	e Phone	€:			
Mobile phone: Email:					
Relationship with applicant: (you can tick more than one box)					
F	Parent		Guardian	Er	nergency Contact

# 7. Opplication Fee

Your application is incomplete until you have paid the fee of 200€. Please click here to make the application fee payment <a href="education-educ

#### 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 – Paris 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 – Paris 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

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.

Name, First Name:

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 representative of our school to support your application to École Ducasse?

Yes (please state below) No

Name of the representative/company:

Location of the representative:

If a company, name of contact (if known):

Please send your completed and signed forms to <a href="international.enrolment@ecoleducasse.com">international.enrolment@ecoleducasse.com</a> or send to your Education Counselor.

### MOTIVATION LETTER

Obout you
Describe yourself and your interest in Culinary or Pastry Arts (max 300 words):
Your reasons and motivation for joining this particular program (max 150 words):
Obout your professional plans
Briefly explain your long-term career plans (max 150 words):
Present your feasible action plan to accomplish your goals (max 150 words):
Date (DD/MM/YYYY)

Signature of applicant:

Name of applicant:

### LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

SPONSOR DETAILS					
Mr Mrs					
Family name:	Family name:				
First name:					
Date of birth: (DD/MM/	YYYY)	Nationality:			
Postal Address:					
City:	State	e:			
Postal code:	Cour	ntry:			
Home Phone:					
Mobile phone:	Ema	il:			
Passport or ID number	(please specify):				
Relation to applicant:					
I here by guarantee that I am capable of financing and commit to pay Mr/Ms					
studies at École Ducasse and all of his/her expenses. I understand that the fees and other financial conditions are modified once a year and accept their revision. I hereby declare to abide by the French law in case of a dispute related to the interpretation or the execution of my legal obligations towards École Ducasse and accept the exclusive competence of the French court.					
Date (DD/MM/YYYY)		Signature:			

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 – Paris 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 – Paris 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.

#### 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 quardian complete the form below.

Please include in your application submission by emailing to

international.enrolment@ecoled	ucasse.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 lega	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 wel This general consent express voluntary activities and events o	Jucasse is an adult environment, and therefore I ll-being and actions of the minor mentioned above. ly 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.	ee 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

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 Sarl 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.At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com

# INTERNATIONAL ASSISTANCE GET IN TOUCH WITH AN EDUCATION COUNSELOR

If you need help with your application, please do not hesitate to contact us. international.enrolment@ecoleducasse.com

Our team will put you in touch with an education counselor or admissions adviser in your region.



