



in partnership with

B.H.M.S.
Business & Hotel Management School
Lucerne, Switzerland

STUDENT APPLICATION FORM

INSTRUCTIONS

Please fill this form (print/BLOCK CAPITALS), using ink and return it or forward to the address as indicated at the bottom of the second page.

PROGRAMMES (Indicate below your programme of interest)

Swiss Higher Diploma in Hotel Management 2 years

☐

Certificate in Food & Beverage Operations 1 year

☐

Swiss Diploma in Culinary Arts 2 years

☐

Certificate in Rooms Division Operations 1 year

☐

Certificate in Culinary Operations 1 year

☐

INTAKE (January/May/September) _____

YEAR OF APPLICATION _____

PERSONAL DATA: Mr/Mrs/Miss/Ms _____

Surname _____ First Name _____

Other Names _____ ID/Passport No _____

Age _____ Date of Birth (Day/Month/Year) _____ Male ☐ Female ☐ Nationality _____

Mailing Address _____ Postal Code _____

County _____ Town _____ Country _____

Address for correspondence (if different from the above) _____

Personal Phone _____ Parent/Guardian Phone _____

Alternative Mobile No _____ Email _____

Name: Father _____ Occupation _____ Mobile _____

Mother _____ Occupation _____ Mobile _____

Guardian _____ Occupation _____ Mobile _____

Contact person in case of emergency

Name _____ Relation _____ Mobile _____

EDUCATION BACKGROUND

Schools/Colleges attended	Course/Class Completed (From-to)	Qualification Attained & Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PROFESSIONAL/WORK EXPERIENCE (Current or most recent at the top)

South "C" (Bellevue) Red Cross Road, Off Mombasa Road P. O. Box 26601 00100 – GPO Nairobi, Kenya Tel: 0719 050 550,
Email: study@bihc.ac.ke Website: <http://www.bihc.ac.ke>



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Employer	Job Title	Main duties	From/To
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Have you attended any professional training seminars, if so list:

Please submit details of all previous work experience on a separate page, along with copies of any reference letters received.

HOW DID YOU FIRST HEAR ABOUT OUR COLLEGE?

Print advertisement (Newspaper, magazine, billboard) Specify _____

Online (Web search, Google ads) Specify _____

Social Media (Facebook, twitter, Instagram) Specify _____

Exhibition (Specify) _____

Industry professional (Give name/Company) _____

BIHC Student (Give name) _____

Others (Specify) _____

LEARNING SUPPORT

Do you have a learning difficulty, disability, mental health issues or medical condition YES ☐ NO ☐

If 'yes' please outline your learning difficulty, disability, medical condition and/or health difficulty (this will not prejudice your application in any way). This information is needed to determine whether you would require any specific support during your studies.

Do you have any special dietary requirements? Yes ☐ No ☐

If yes, please specify _____

Languages: Mother Tongue: _____ Level: _____

Other: _____ Level: _____

Who will pay your school fees? ☐ Self Funded ☐ Family ☐ Sponsorship/scholarship



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Declaration and signature of the Applicant

By signing this form you give BIHC full authority to verify any information contained on this application. You, the applicant, also confirm the information on this form is true, complete and accurate and that no information requested has been omitted.

Signature: _____

Date: _____

Signature of Parent/ Guardian (For students under 18 years of age) _____

Thank you for your application. We will invite you for an interview where you will be asked to present your original certificates.



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JANUARY 2020 FEE PAYMENT OPTIONS FORM

Please fill in the following **Fee Payment Options Form** and return it by **13TH JANUARY 2020**

Name of Student:			
	First Name:	Middle Name:	Surname:
Program of Study:		Intake:	
Email Address:		Phone No.	
Postal Address:			
Name of Sponsor:			
	First Name:	Surname:	Relationship:
I have selected the following Fee Payment Option (Tick):			
1. Annual/Single Payment			
2. Two Instalments (2 Payments)			
3. Three Instalments (3 payments)			
<i>*Not applicable to International Students</i>			
Name:	Signature:	Date:	

PLEASE NOTE:

- ❖ School fees as per your payment option must be made by **13TH JANUARY 2020** and consequently as follows:

1ST YEAR

- I. Advance Payment : Due on: 13.01.20
- II. Two Yearly Instalments : Due on: 13.01.2020 and 11.05.2020
- III. Three Yearly Instalments : Due on: 13.01.2020 , 11.05.2020 and 01.08.2020

2ND YEAR

- I. Advance Payment : Due on: 11.01.2021
- II. Two Yearly Instalments : Due on: 11.01.2021 and 10.05.2021
- III. Three Yearly Instalments : Due on: 11.01.2021, 10.05.2021 and 01.08.2021

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PERSONAL STATEMENT

Some students have a background, identity, interest, or talent that is so meaningful and that demonstrates their suitability for the Hospitality Industry that they believe their application would be incomplete without it. Does this sound like you, please share your story. (300 words)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Applicant's Name & Signature

Date



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BIHC MINIMUM ENTRY REQUIREMENTS

SWISS DIPLOMA PROGRAMMES

KCSE Mean grade C- (MINUS) with C- (MINUS) or above in English or Kiswahili and a D (PLAIN) in Mathematics

IB/ A – Level 4 Credits

IGCSE 4 'O' Passes with D and above and/or equivalent of a mean grade of C- (MINUS) with E in Math and a D English or Kiswahili

SATs 1060 and above out of 1600

CERTIFICATE PROGRAMMES

KCSE Mean grade D+ (PLUS) with D+ (PLUS) or above in English or Kiswahili and a D-(MINUS) in Mathematics

IB 3-A Level 3 Credits

IGCSE 3 'O' Level Passes with E and above and/or equivalent of Mean grade D (PLUS) with E in Math and English or Kiswahili

SATs 1010 and above out of 1600

Any other high school qualification subject to approval by the BIHC Admissions Office

Diploma from a recognized institution and approved by the Boma International Hospitality College

In addition we require Non- English speaking nationals to have a proficiency test in IELTS 6.0 level or TOEFLS grade of 60* or higher.



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BIHC APPLICATION REQUIREMENTS KENYAN APPLICANTS

APPLICATION FORMS should be submitted with the following documents:

- **Certificate(s) of High School**
- **Higher Education (Certificates, Diploma, Degree) if applicable**
- **References:** Any references or letters of recommendations on letterhead from your educational institution and/or employer(s)
- **3 Colour Passport Photos + and a JPEG photo sent to study@bihc.ac.ke**
- **Copy of Identification (National ID or Passport)**
- **Medical Forms:** To be completed by a Registered Medical Centre, signed and stamped
- **Personal Statement in support of your application (300 words)** – instructions attached
- **Confirmation of Health Insurance Coverage Comprehensive cover**
- **Completed “Fee Payment Options Form”**
- **Certificate of Good Conduct Apply online on e-citizen and proceed to CID Headquarters**
- **Food Handlers Certificate – To be issued on campus at KES 1,300.00**
- **Uniform measurement chart**
- **Confirmation of Application Fee Payment (non-refundable)**

BIHC APPLICATION REQUIREMENTS EAST AFRICAN APPLICANTS

These conditions apply to applicants who are nationals of East African states – Uganda, Tanzania, Rwanda, Burundi and South Sudan - and are to be submitted together with the **APPLICATION FORMS**.

- **Certificate(s) of High School**
- **Higher Education (Certificates, Diploma, Degree) if applicable**
- **References:** Any references or letters of recommendations on letterhead from your educational institution and/or employer(s)
- **3 Colour Passport Photos – to be shared physically & a JPEG image to be sent to study@bihc.ac.ke**
- **Copy of Passport – Bio Data Page**
- **Copy of E-Visa (If already in Kenya)**
- **Passport Copy of Parent / Guardian**
- **Parents / Sponsor Financial Commitment Letter**
- **Proof of Funds - This applies to SELF-SPONSORED STUDENTS** (Attach copies of signed and stamped bank statements for the last 3 months)
- **Consent Letter from Parents - This applies to MINORS**
- **Copy of Birth Certificate - This applies to MINORS**

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- **Medical Forms:** To be completed by a Registered Medical Centre, signed and stamped
- **Personal Statement in support of your application (300 words)**
- **Confirmation of Health Insurance Coverage Comprehensive cover**
- **Completed “Fee Payment Options Form”**
- **Police Clearance from Country of Origin**
- **Confirmation of Application Fee Payment - Kshs. 5,000.00 (non-refundable)**
- **Student Pass & Foreign National ID card - Kshs. 2,500.00 (non-refundable)**

BIHC APPLICATION REQUIREMENTS INTERNATIONAL APPLICANTS

These conditions apply to applicants who are nationals of countries outside East Africa and are to be submitted together with the **APPLICATION FORMS**.

- **Certificate(s) of High School**
- **Higher Education (Certificates, Diploma, Degree) if applicable**
- **References:** Any references or letters of recommendations on letterhead from your educational institution and/or employer(s)
- **3 Colour Passport Photos** – to be shared physically and a **JPEG image to be sent to study@bihc.ac.ke**
- **Copy of Passport** – Bio Data Page
- **Copy of E-Visa (If already in Kenya)**
- **Passport Copy of Parent / Guardian**
- **Parents / Sponsor Financial Commitment Letter**
- **Proof of Funds** - This applies to **SELF-SPONSORED STUDENTS** (Attach copies of signed and stamped bank statements for the last 3 months)
- **Consent Letter from Parents** - This applies to MINORS
- **Copy of Birth Certificate** - This applies to MINORS
- **Medical Forms:** To be completed by a Registered Medical Centre, signed and stamped
- **Personal Statement in support of your application (300 words)**
- **Confirmation of Health Insurance Coverage Comprehensive cover**
- **Completed “Fee Payment Options Form”**
- **Police Clearance from Country of Origin**
- **National Drug Law Enforcement Agency (NDLEA) Clearance Certificate - Applicable to Nigerian Applicants ONLY**
- **Confirmation of Application Fee Payment - Kshs. 5,000.00 (non-refundable)**
- **Student Pass & Foreign National ID card - Kshs. 12,500.00 (non-refundable)**



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PLEASE NOTE:

Personal Interview

To determine an applicant's interest, qualifications and suitability for their chosen program of enrolment, an interview will be scheduled/ conducted. For those who cannot come personally to the College office, arrangements can be made for the interview to take place via telephone/Skype.

School Fees

Upon acceptance, applicants will be presented with a "Letter of Acceptance" for their chosen program of study. School fees need to be paid as per dates stipulated for the payment option chosen.



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MEDICAL FORM

1) TO BE FILLED IN BY THE APPLICANT WITH THE HELP OF A MEDICAL PRACTITIONER

Name: _____

Birth Date: Year: _____ Month: _____ Day: _____

Name of Parent/Guardian: _____

Sex: Male ☐ Female ☐

Mailing Address: _____

City: _____ Postal Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

2) HAVE YOU EVER HAD OR DO YOU SUFFER FROM

	No	Yes	(If yes, When)		No	Yes	(If yes, When)		No	Yes	(If yes, When)
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis A/B/C	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sleeping Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____				

3) PERSONAL MEDICAL HISTORY

Do you have allergies (specify) _____

Do you take medication on a regular basis? _____

Have you ever had any operation? _____

Do you have learning problems? _____

Are you on a special diet? _____

Have you ever had any accident with mental or physical impairment? _____

4) DECLARATION

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required to do so. I also declare that I will be responsible for the consequences of my eligibility to the applied course for giving false medical information.

Signature of applicant _____ Date: _____



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Signature of the parent or legal guardian _____ Date: _____

MEDICAL REPORT – DR/ PHYSICIAN

TO BE COMPLETED AT A REGISTERED MEDICAL CENTRE, PLACED IN AN ENVELOPE, SEALED AND STAMPED

Name of the patient: _____

Date of Birth - Year: _____ Month: _____ Day: _____

Blood pressure: _____ MM/HG Height(cm) _____ Weight(Kg) _____ Pulse rate _____

Please indicate your observation on each of the following areas:-

REQUIRED LABORATORY TESTS/INFORMATION

Please indicate if the patient has suffered/or is suffering from:-

	Yes	No	Dates of any doses	Doses
Tuberculosis (BCG)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hepatitis A/B & C	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please indicate your observation on the general status of each of the following areas:-

1. Mouth & Throat _____
2. Eyes & Ears _____
3. Neck & Head _____
4. Skin Condition _____
5. Chests & Lungs _____
6. Heart & Blood Vessels _____
7. Digestive System _____
8. Nervous System _____
9. Skeletal, Muscular System _____
10. Urinary, Reproductive System _____
11. Others (Specify) _____

Other comments: _____



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GENERAL OBSERVATION AND DECLARATION BY DR/PHYSICIAN

I, Doctor _____ certify that the above information is correct, that the general state of health, physical and mental condition of the applicant is good and they can undertake training in a hospitality college.

Date: _____ Doctor's Signature and Stamp _____



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BIHC UNIFORM MEASUREMENTS CHART

Name: _____

Gender: _____

Program of Study: _____

Intake (January, May, September): _____

Please indicate your measurements in **inches**;

Waist	
Chest	
Collar	

NB: Please return this form to the Enrollment office at your earliest convenience to avoid any delays in receiving your uniform.



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BIHC BANKING DETAILS

MPESA

PAYBILL OPTION

Business Number: 303091

Account Number: Name of Student

BARCLAYS BANK

ACCOUNT NAME: Boma International Hospitality College

Branch: PARKSIDE BRANCH

Account Numbers: 2032808436 **(KES ACCOUNT)**

2032808401 **(USD ACCOUNT)**

Branch Code: 03010

Swift Code: BARCKENX

KCB BANK

ACCOUNT NAME: Boma International Hospitality College

Branch: Gateway Branch

Account Numbers: 1262852722 **(KES ACCOUNT)**

1262856175 **(USD ACCOUNT)**

1262856604 **(EURO ACCOUNT)**

Branch Code: 01204

Swift Code: KCBLKENX

NOTE

Kindly ensure all slips indicate either the student's name or admission number.

For further enquiries kindly contact **accounts@bihc.ac.ke**