

STUDENT APPLICATION FORM

INSTRUCTIONS

Please fill this form in PRINT or BLOCK LETTERS. Kindly note that admissions at BIHC are done on a “first come, first serve” criteria. Avoid missing out on your preferred intake by filling in this form and returning it to the college as soon as possible.

PROGRAMMES (Indicate below your programme of interest)

Swiss Higher Diploma in Hotel Management 2 year	<input type="checkbox"/>	Certificate in Food & Beverage Operations 1 year	<input type="checkbox"/>
Diploma in Culinary Arts 2 year	<input type="checkbox"/>	Certificate in Rooms Division Operations 1 year	<input type="checkbox"/>
Certificate in Culinary Operations 1 year	<input type="checkbox"/>		

INTAKE (January/May/September) _____

PERSONAL DATA: Mr/Mrs /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 _____

Personal Phone _____ Parent/Guardian Phone _____

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)	Certificate/Qualification Attained
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

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

Have you attended any professional training seminars related to hospitality? 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 (Website, 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

Declaration and signature of the Applicant

By signing this form I give my permission to BIHC to verify any information contained on this application. I also confirm the information on this form is true, complete and accurate and 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 when you will be asked to present your original certificates.

For More Information on
BOMA International Hospitality College
Call: Tel: 0719 050 550 or 0719 050 540, Email: study@bihc.ac.ke Website: www.bihc.ac.ke