

APPLICATION FORM

International hotel & tourism institute
 P.O. Box 43111-00100 Nairobi-Kenya
 Kileleshwa, Nyeri Road
 tel. +254 20 2338222
 Mobile: 0728 787088
 email: info@ihtl.net
 Website: www.ihti.net



ACADEMIC PROGRAMMES

I wish to enroll for the following academic Programme
 (One choice only)

- BTEC Higher National Diploma in Hospitality Management 3 Year
- BTEC Higher National Diploma in Culinary Arts 2 Year
- Certificate in Food & Beverage Operations 1 Year
- Certificate in Pastry 1 Year
- Certificate in Wine & Bar Operations 1 Year
- Part time Courses (Specify)

.....

Please enclose the following with dully filled in form:

- Copies of your Academic Certificates
- Copy of your National Identity Card or Passport
- Completed Medical Certificate
- Completed Financial sponsor letter Affidavit
- 2 passport size photographs

Please send this application form to:
 The Dean of Studies at the above Address

ABOUT THE STUDENT

Mr Mrs Miss Other

Family Name

First Name(s)

Occupation

Male Female Nationality

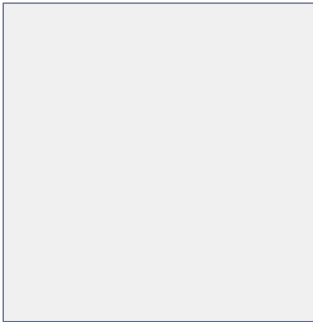
Birth Date: Year Month Day

Mailing Address Postal Code

City Country

Home Phone Mobile Phone

Fax Email



EDUCATION

School-College	Qualification(s)	Month/Year
1.
2.
3.
4.

LANGUAGES

Please indicate as follows under each column:

Indicate 1= Excellent 2 = Good 3 = Fair 4 = Basic 5 = Nil

Language	Comprehension	Spoken	Written
English			
French			
German			
Spanish			
Other (specify)			

PROFESSIONAL EXPERIENCE

Organization	Position Held	Period
1.
2.
3.

ABOUT THE PARENT OR LEGAL GUARDIAN

Mr. Mrs. Miss. Other

Family Name First name(s)

Profession Nationality

Relation to student Are you the financial sponsor Yes No

Mailing address

City Post Code Country

Home Phone Work phone

Mobile phone Fax

Email

Please Note: If you are not the financial sponsor, please provide the name of the financial sponsor.

Family Name First Name(s)

HOW DID YOU FIRST HEAR ABOUT US?

Advertisement (specify Newspaper or Magazine) **ihiti** Representative

Exhibition Industry Professional Student Internet

Article in Newspaper or Magazine (Specify)

Others: (Please Specify)

Please give the name:

international hotel & tourism institute
P.O. Box 43111-00100 Nairobi-Kenya
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mobile: 0728 787088
email: info@ihtl.net
website: www.ihtl.net



AFFIDAVIT OF SUPPORT / FEE PAYMENT

I ID/Passport No.
(Name of Sponsor/Person paying fees) (attach copy)

issued by the Government of residing at
(Estate/Location/Sub-location/Village)

.....
*City/Town Country P.O. Box Postal Code

E-mail Address Phone No.

Confirm that I have read and fully understood the fee policy (overleaf) of the international hotel and tourism institute (ihtl)

I further certify I will assume full financial Responsibility for
(Full name of Student)

who is my (specify relationship) while he /she is enrolled in international hotel & tourism institute (ihtl).

I am employed / self employed as a

with at
(Company /Business) (location)

I further confirm that I shall support
(Name of student)

by providing full fees for the course he/she has enrolled in until he/she completes the course.

FEES POLICY

1. DEFINITIONS

ihti	Means: The international hotel & tourism institute , Nairobi, Kenya
ARR	Means: Academic Rules & Regulations, which are the rules and regulations established by ihti to govern academic standards and conduct and endorsed by its accrediting bodies / partners.
Fees	Means: the charges raised by ihti for tuition, and associated services, activities, and / or facilities, such as accreditation, examinations, library, caution money, meals, accommodation, uniforms, educational trips, etc.,
Sponsor	Means: the parent or parents, guardian or guardians, or any other person(s) who take(s) responsibility for paying the <i>Fees</i> for the <i>Student</i> , and to who ihti will address all matters concerning the <i>Student</i> .
Student	Means: any person admitted to ihti to pursue a course, irrespective of the duration of that course.

2. PREAMBLE

ihti has developed this policy in order to guide students and their sponsors on various aspects governing payment of *Fees*. This policy may be amended by **ihti** from time to time as circumstances dictate. **ihti** will inform all *Sponsors* in case of such amendment.

ihti offers admission on the strength of an implied promise from the student and/or his/her sponsor that the student will take up the admission offer, and pay his/her fees for the full duration of the course.

3. FEE STRUCTURE

Fees are determined by the overall operating expenses of **ihti**, which are bound to change from time to time depending on the prevailing economic conditions. Accordingly, fees will be reviewed from time to time as economic conditions dictate.

4. FEES DUE DATE

The express or implied promise to pay *Fees* is a pre-requisite for admission or continuation in training of a student. Therefore *Fees* due are paid as invoiced and on or before the due date, unless specific written arrangements are made by the sponsor with **ihti**. Payment of *Fees* in instalments will be granted only under specific written agreement. (See **ihti** *POLICY ON PAYMENT OF FES IN INSTALMENTS*). Late payment of fees is not allowed, and any late payment of fees will attract a penalty of 8% (eight per cent, subject to a minimum of Ksh.5,000.00) per month for any amount outstanding.

5. SCHEDULE FOR FEES PAYMENT

In the case of payment for courses (tuition fees), *Fees* may be paid for the entire year (or entire duration of training if course lasts a year or less) or per term or in instalments as detailed below. In the case of *Fees* for accreditation, examinations, and specific purposes, fees will be due as advised in each case.

Fee Payment Options for Tuition Fees:

The fees quoted by **ihti** are annual fees, and should, in principle, be paid in one instalment. Nevertheless, **ihti** offers options to pay tuition fees only, in instalments to ease the burden on sponsors, while rewarding sponsors who might opt to pay the fees in one annual instalment. Like in any "hire purchase" arrangement there has to be a premium for the option to pay in instalments.

The option to pay fees in instalments applies only to tuition fees. All other fees must be paid in full at the beginning of the pertinent academic year, or as advised. Even under an instalment agreement, all fees must be fully paid within the first two terms of the pertinent academic year. Following are the options available:

OPTION 1: PAYMENT OF FEES IN ONE ANNUAL INSTALMENT

Under this option, the sponsor pays the annual fees in one instalment. Such sponsors benefit from a 5% discount (on tuition fees only) and will not be affected by fee increases during the year, if they arise. Additionally, the discount can only be enjoyed if all other fees such as attire, insurance, BTEC registration have also been paid.

OPTION 2: PAYMENT OF FEES IN FULL TERMLY INSTALMENTS (1ST 2 TERMS)

Under this option, the sponsor pays the annual fees in in the first two terms (50% of the annual fee each term). In effect, 50% of the annual fee becomes the Termly Fee. Premiums do not arise under this option, but there is no discount either.

OPTION 3: PAYMENT OF FEES IN SPLIT TERMLY INSTALMENTS (1ST 2 TERMS)

Under this option, the sponsor pays a 50% of the Termly Fee at the beginning of each term (1st two terms) followed by two equal monthly instalments each subsequent month, within the term. *This option attracts a premium of 5% per month on the outstanding balances. Sponsors who elect this option will be required to sign a specific agreement.* This must be done on the date of admission of the student, or in the case of continuing students, at least seven (07) days prior to the beginning of the pertinent academic year.

At the beginning of each year every sponsor will be asked to elect which scheme he has opted for, by completing the pertinent form.

6. EXAMINATION / ACCREDITATION FEES

Accreditation and / or External Examination Fees:

For externally offered accreditation and / or examinations (such as BTEC, IATA, etc), a fee will be charged based on the fees charged by the pertinent accrediting or examining body, but may be subject to an administrative supplement.

Internal Tests / Examinations:

Save for supplementary tests / exams (see below) there will be no fees for tests /exams administered internally.

Make-Up Tests and Supplementary Examinations:

In accordance with the provisions of the ARR, ihti will charge fees for make-up project assignments, tests and examinations that a student misses without proper justification, and for supplementary examinations (for subjects failed). The fees applicable will be as follows:

NATURE OF TEST/EXAMINATION	FEE PER SUBJECT EXAMINED
Make Up Test	0.75% of total annual student fee
Make Up Examination	1.0% of total annual student fee
Supplementary Examination	0.8% of total annual student fee

7. PAYMENT OF FEES

All Fees payments must be made to the ihti bank account (by cash deposit, telegraphic transfer (TT), or mobile money transfer) as advised on the invoice. As a rule, ihti does not accept cheques or cash payments at its premises. In case of direct payment to the bank account, the student name and number must be clearly indicated on the bank "Pay-in Slip" and the original "Pay-in slip" surrendered to the ihti accountant immediately after payment is made to the bank. ihti will retain the original "Pay-in slip" and issue an official receipt for the amount. The issuance of receipt is the only proof ihti will recognize that Fees have been paid. Sponsors / Students are therefore advised to ensure they obtain an official ihti receipt, upon surrender of the original "Pay-in slip".

8. REFUNDS

Ihti does not grant refunds to students whose courses are terminated prematurely without strong reasons. ihti will grant refunds only for course termination on strong grounds satisfactory to ihti such as serious injury, illness, bereavement (that are of such serious nature that militate against any continuation of training within a year) or death of the student. ihti will not entertain refund claims from Sponsors / Student's whose courses are terminated for any other reason or disciplinary reasons, or poor performance cannot claim refund. In case of termination for reasons satisfactory to ihti refunds will be granted as follows:

Period between term opening date and termination date	PORTION REFUNDABLE	
	For Reason of Bereavement / Death	For Other Justifiable Cause
◆ Up to 15 days	75.0% of total term fees	50.0% of term fees
◆ 16 to 45 days	50.0% of total term fees	33.3% of term fees
◆ Over 45 days	No refund due	No refund

The above refunds assume full term fees have been paid. In the event the Student will have paid the full annual Fees in advance, the Fees for the term(s) not yet commenced will first be refunded before the above computation rules are applied. Any extraordinary expenses incurred by ihti on the Student prior to his/her termination will be offset against the refund. For a refund to be granted on grounds of serious injury or ill health, the Student must produce a report from the ihti appointed doctor, certifying that he or she is unfit to continue with the course. In case of bereavement, refunds can only be granted if the Student is forced to terminate his or her course because of the death of the Sponsor, and provided that relevant documentary evidence is submitted to the ihti.

9. DECLARATION

We declare that we have read, and understood the fee policy, and accept to abide with this policy, and any amendments thereof:

SPONSOR

Name: _____

Signature: _____

Date: _____

STUDENT

Name: _____

Signature: _____

Date: _____

MEDICAL CERTIFICATE

TO BE FILLED IN BY THE APPLICANT

Name

Birth Date: Year Month Day.....

Sex: Male Female

Name of Parent/ Guardian

Mailing Address

City Postal Code Country

Home Phone Mobile Phone

Fax Email

PERSONAL HISTORY

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	<input type="checkbox"/>	<input type="checkbox"/>	Pox	<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"/>				

For the following points, please specify if you:

Have had any other disease or had an operation

Have dyslexia or other learning problems (to what degree)

Have allergies

Take any medication on a regular basis

Are on a special diet.....

Have had any accident with mental or physical consequences

What is your general health condition? Excellent Very good Average Poor

If you have tested positive for Tuberculosis and if you had X-ray, please provide a copy of it

In keeping with the Institute's policies regarding preventive health measures, the school Director may request a student to undergo a medical checkup at any time during his/her studies at **international hotel & tourism institute**.

I hereby certify that the above information is correct and that I agree to undergo a medical checkup if required. **ihti** will not be held responsible in case of incorrect medical information stipulated on the medical certificate and Physician's Report.

Signature of Applicant Date

Signature of the parent or legal guardian Date

PHYSICIAN'S REPORT

TO BE COMPLETED BY A PHYSICIAN ONLY

Name of the patient

Date of Birth: Day: Month..... Year

Blood pressure.....

MM/HG Height (cm).....

CLINICAL EVALUATION

Please indicate if you have experienced any problems with the following:

	Yes	No	
1. Skin	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyes & Ears	<input type="checkbox"/>	<input type="checkbox"/>
4. Mouth & Throat	<input type="checkbox"/>	<input type="checkbox"/>
5. Chests & Breasts & Lungs	<input type="checkbox"/>	<input type="checkbox"/>
6. Heart & Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>
7. Digestive System	<input type="checkbox"/>	<input type="checkbox"/>
8. Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
9. Skeletal, Muscular System	<input type="checkbox"/>	<input type="checkbox"/>
10. Urinary, Reproductive System	<input type="checkbox"/>	<input type="checkbox"/>
11. Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Other comments

CLINICAL EVALUATION

Tuberculin Skin Test (TST) (Date and detailed results in mm)

Has the applicant been immunized against any of the following. Please specify the dates and number of doses.

	Yes	No	Dates
Diphtheria			
Whooping cough	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (BCG)	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL IMPRESSION

The undersigned doctor certifies that the above information is correct, that the general state of health, physical and mental condition of the applicant are good and that he/she is not a carrier of any infectious disease. The applicant can therefore comply, without risk, with the strict requirements of a professional training in the hospitality industry. The undersigned doctor also certifies that the candidate is not obliged to follow a special diet.

Date

Doctor's Signature and Stamp

To be sent to the **international hotel & tourism institute** directly by the examining doctor