



MASTERS IN INTERNATIONAL HOTEL MANAGEMENT

Application Number

Student ID Number



- Please complete all sections of the application form and attach all requested supporting documents.
- Please use capital letters to fill this form.
- Please read the instruction in Section K before completing the form.

SECTION A - APPLICATION DETAILS

Personal Details

TITLE

Mr. Mrs. Ms.

GENDER

Male Female

FULL NAME (as it appears in your passport)

FIRST NAME	SECOND NAME	THIRD NAME	FOURTH NAME	FIFTH NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth

Country of Birth

CPR/ID No.

Nationality

Passport No.

Passport Expiry Date

Religion

Marital status

Guardian Details

FATHER'S NAME

Profession

Company

Email Address

Contact No.

MOTHER'S NAME

Profession

Company

Email Address

Contact No.

MARITAL STATUS

- Married
- Divorced
- Widow/Widower

No. of siblings

PARENT'S ADDRESS (IF DIFFERENT FROM YOUR ADDRESS)

Block

Road

City

Country

Address

PERMANENT ADDRESS

House/Flat	<input type="text"/>
Building (if applicable)	<input type="text"/>
Road	<input type="text"/>
Block	<input type="text"/>
Area	<input type="text"/>
Country	<input type="text"/>
P.O. Box/Area	<input type="text"/>

CORRESPONDENCE ADDRESS

House/Flat	<input type="text"/>
Building (if applicable)	<input type="text"/>
Road	<input type="text"/>
Block	<input type="text"/>
Area	<input type="text"/>
Country	<input type="text"/>
P.O. Box/Area	<input type="text"/>

Contact Details

Mobile No. 1	<input type="text"/>
Mobile No. 2	<input type="text"/>
Office No.	<input type="text"/>
Facebook ID	<input type="text"/>

Resident No.	<input type="text"/>
Email Address	<input type="text"/>
Instagram ID	<input type="text"/>
Twitter ID	<input type="text"/>

Emergency Contact Person A

Name	<input type="text"/>
Contact No.	<input type="text"/>
Relation	<input type="text"/>
Email	<input type="text"/>

Emergency Contact Person B

Name	<input type="text"/>
Contact No.	<input type="text"/>
Relation	<input type="text"/>
Email	<input type="text"/>

SECTION B - EDUCATION BACKGROUND

Applicant Academic Qualifications

Please list all your academic qualifications to date, placing your most recent first. If you are awaiting the result of any examinations, please write PENDING in the results column. Please provide a copy of your certificate and transcript with this application.

AWARDING BODY	NAME OF AWARDING BODY	DEGREE	SPECIALIZATION	TEACHING LANGUAGE	COMPLETION DATE	RESULT

Important notes:

- 1.If you are a Bahraini graduated of a private school or institution, please provide a copy of your endorsed certificate and transcript from the Directorate of Private Education Sector of the Ministry of Education in Kingdom of Bahrain.
- 2.For Non-Bahraini applicants, please make sure that you have all your academic qualifications endorsed by the authorities concerned.

SECTION C - WORK EXPERIENCE

Please list below all your work experience, training and employment. **(Start from the latest)**

NAME OF ORGANIZATION	JOB TITLE	FULL/PART TIME	START DATE	END DATE

SECTION D - FEES, FUNDING AND SPONSORSHIP

Who will be responsible for paying your tuition fees for the duration of your study at Vatel Bahrain? **(Please tick as appropriate)**

MYSELF	<input type="checkbox"/>	
NEXT OF KIN / FAMILY	<input type="checkbox"/>	Name:..... Relation:..... Tel:..... Email:.....
ORGANIZATION / MINISTRY	<input type="checkbox"/>	Name of Organization / Ministry:..... Contact Person:..... Contact No. :..... Email Address:.....

SECTION E - SPECIAL NEEDS

Vatel Bahrain accepts applicants with special needs based on academic achievement, regardless of their special need. Provided that the college can accommodate their special needs. The college provides certain support and facilities for the students with special needs.

All information relevant to the student's special needs status will be treated confidentially. Please tick the box(s):

- | | |
|---|--|
| <input type="checkbox"/> Deaf / hearing impairment | <input type="checkbox"/> Blind / partially sighted |
| <input type="checkbox"/> Wheelchair user / mobility difficulties | <input type="checkbox"/> Diabetes, Epilepsy, Asthma, Sickle Cell |
| <input type="checkbox"/> A specific learning difficulty e.g. dyslexia | <input type="checkbox"/> Others (Specify) |

*Applicants with special needs must report the special need nature of their disability through supporting medical reports.

SECTION F - TYPE OF ADMISSION

Admission Status Applied For Fresh Transfer

Mode of Study Full Time Part Time

Were you a Vatel Graduate? Yes No

If Yes, your previous student ID No.

Academic Year

Specify Vatel campus

For Transfer Students Only

Transfer applicants attempting to transfer credit earned from their previous higher education institution may be given transfer credits for courses required in their Vatel Bahrain programme, if they have obtained no less than a "C" grade in those courses.

AWARDING BODY	NAME OF AWARDING BODY	DEGREE	SPECIALIZATION	TEACHING LANGUAGE	COMPLETION DATE	RESULT

SECTION G - FURTHER INFORMATION

Where did you hear about us?

- | | | |
|--|---|--|
| <input type="checkbox"/> Vatel Bahrain Website | <input type="checkbox"/> Vatel Bahrain Brochure | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Social Media | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Vatel Bahrain Admissions Department | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other:..... |

Do you know any person associated with Vatel Bahrain?

If yes, please state: Name: Relation: Student ID:
(if applicable)

What attracts you to study a Vatel Bahrain?

.....

.....

How do your skills, experiences and interests prove you are passionate about, and committed to, taking this course?

.....

.....

What do you hope to achieve by studying at Vatel Bahrain?

.....

.....

SECTION H - ACADEMIC & PROFESSIONAL REFERENCES

Please provide the contact details of two people who have knowledge of your academic and professional ability. You must add at least one lecturer or professor from your previous education degree as a referee.

Academic Referee

Name	<input type="text"/>	Position	<input type="text"/>
Organization	<input type="text"/>	Email	<input type="text"/>
Contact No.	<input type="text"/>	Fax	<input type="text"/>
Knowledge of Applicants	<input type="text"/>		

Professional Referee

Name	<input type="text"/>	Position	<input type="text"/>
Organization	<input type="text"/>	Email	<input type="text"/>
Contact No.	<input type="text"/>	Fax	<input type="text"/>
Knowledge of Applicants	<input type="text"/>		

SECTION I - DECLARATION

1. I understand that the application and admission fees paid to Vatel Bahrain are nonrefundable.
2. I confirm that, to the best of my knowledge, the information given in this form is correct and complete.
3. I fully realize that omission or falsification of information in this form could result in Vatel Bahrain rejecting my application or being dismissed during enrollment.
4. I am fully responsible for the consequence of failing to declare any relevant information in this application form.

Applicant Signature:..... **Date:**.....

SECTION J - APPLICATION CHECKLIST

- | | | |
|--|--|---|
| <input type="checkbox"/> 4 recent photographs | <input type="checkbox"/> A copy of Passport Details | <input type="checkbox"/> A copy of CPR/ID |
| <input type="checkbox"/> An endorsed copy of Secondary School Certificate or the equivalency | <input type="checkbox"/> An endorsed copy of the Bachelor's degree certificate & Transcripts | <input type="checkbox"/> A special needs/disability medical report, if applicable |
| <input type="checkbox"/> CV | <input type="checkbox"/> A sponsorship letter, if applicable | <input type="checkbox"/> Medical Report |

FOR OFFICIAL USE ONLY

For Directorate of Admission & Registration use only

Application Submission Date:

Programme:

Processed by:

Signature:

Date:

Checked by:

Signature:

Date:

Verified by:

Signature:

Date:

For Accounts use only

Application Fee:

Application Fee Receipt No.:

Admission Fee:

Admission Fee Receipt No.:

Accountant's Name:

Accountant's Signature:

Date:

SECTION K - INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

GENERAL NOTES

- Please complete all sections of the application form and attach all requested supporting documents.
- Please note incomplete applications will not be processed.

SECTION A: APPLICANT'S DETAILS

- Please complete in FULL your Personal Details and Address.
- Name MUST be written as it appears in the passport.
- Mention AT LEAST two contact phone numbers and one Email address in your contact details.

SECTION B: EDUCATIONAL BACKGROUND

- Please complete Applicants Academic Qualifications in FULL, writing your most recent qualifications first. For example,

AWARDING BODY	NAME OF AWARDING BODY	DEGREE	SPECIALIZATION	TEACHING LANGUAGE	COMPLETION DATE	RESULT
School	Khawla Secondary School	Tawjehia	Science	Arabic	03/06/1999	90.8

- If you are awaiting for any examination results, please mark the 'Result' column as 'Pending'.
- Please provide a copy of all your certificates and transcripts with translations (Arabic or English) if necessary.
- If you are a Bahraini graduate of a private school institution, please provide a copy of your endorsed by the authorities concerned, for example:

For a certificate issued in Egypt, it should pass through the following authorities:

1. Bahraini Embassy in Egypt and the Egyptian Ministry of Foreign Affairs. OR
2. Egyptian Embassy in Bahrain and the Bahraini Ministry of Foreign Affairs.
3. High School Equivalency Letter from the Examination Directorate in the Ministry of Education in the Kingdom of Bahrain.

SECTION C: WORK EXPERIENCE

- Please add details of any work experience relevant to your applicant, placing your most recent work experience first.
- You may attach a Curriculum Vitae (CV) to your application.

SECTION D: FEES, FUNDING AND SPONSORSHIP

- Please indicate who will cover the costs of your studies.
- If you are sponsored, please provide a letter of sponsorship.

SECTION E: SPECIAL NEEDS

- Please tick the box if you have any disability (impairment) or specific learning difficulty that may require additional support for you to successfully complete your studies.
- Please provide any supporting medical documentations and reports.
- There will be no mentioning of the student's special need status on their graduation documents (including transcript).

SECTION F: TYPE OF ADMISSION

- Please fill in with information where appropriate.
- Transfer students:
 1. Transfer applicants must submit a Withdrawal/Dismissal letter from their previous higher education institution.
 2. Courses will be transferred if assessed as being equivalent to the courses offered in Vatel Bahrain Programme.
 3. Courses will be exempted (E grade) only if they carry a grade of (C) and above.
 4. The maximum percentage of transfer credits that shall be equated is no more than 50% of the Master degree at Vatel Bahrain. The Dissertation course cannot be transferred.

SECTION G: FURTHER INFORMATION

- Please indicate where you have heard about Vatel Bahrain.
- Please complete all the admission related questions.

SECTION H: ACADEMIC & PROFESSIONAL REFERENCES

- List the details of two people who have knowledge of your academic and professional abilities.
- One referee must be a lecturer or professor from your previous educational degree.
- One referee must be an employer you worked for.

SECTION I: DECLARATION

- Your application will not be processed unless the declaration is signed and dated.
- You are required to show all your certificates and transcripts original copies when applying for conformity.

SECTION J: APPLICANT CHECKLIST

- Please make sure to attach all required documents.