

### APPLICATION PACKAGE

Essentials - Diplomas

Step by step guide

## 1. Submit your application

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

#### REQUESTED DOCUMENTS

Complete Application form, including an identity photo Curriculum Vitae Copy of Passport Proof of English level or French level (where applicable) Motivational Letter Letter of commitment from financial sponsor

## 2. Receive acceptance letter - if successful

If your 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.

## 3. Confirm your place at École Ducasse

You will need to pay the required down payment to confirm your place. You will then receive relevant visa documentation (where applicable)

## 4. 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

# 1. Obout the applicant

| Gender: male                 | female   |
|------------------------------|--|
| Family name:                 |  |
| First name:                  |  |
| Date of birth: (DD/          | MM/YYYY)   |
| Nationality:                 |  |
| Postal Address:              |  |
|                              |  |
| City:                        | State:   |
| Country of resider           | nce:   |
| Mobile phone:                |  |
| Email address:               |  |
| Language I                   | _evel  |
|                              | rogram at École Ducasse, applicants are required to cient knowledge of English. You may do so by meeting |
| English is my                | mother tongue  |
| ,                            | ears of education were spent in an institution where ee primary language of instruction                  |
| I have a speak<br>interview) | ing fluency in English (will be verified during the  |
|                              | y<br>rams are taught in French. If you choose to study in<br>ecify your French language level            |
| Native speaker               | -  |
| DELF Score:                  |  |
| Other certifica              | tion: (please specify provider and score)  |

2.

## 3. **Grademic Program**

Please select the program you wish to enrol in. All programs are taught in English, unless specified otherwise.

#### "ESSENTIALS" PROGRAMS - DURATION: 2 MONTHS

French Pastry Arts Essentials (2 months)

July 6, 2020 - August 28, 2020 March 1, 2021 - April 23, 2021

July 5, 2021 - August 27, 2021 May 31, 2021 - July 23, 2021

French Chocolate and Confectionary Arts Essentials (2 months)

July 6, 2020 - August 28, 2020

May 25, 2021 - July 16, 2021

#### "DIPLOMA" PROGRAMS - DURATION: 2 OR 6 MONTHS

French Pastry Arts Diploma (6 months, followed by a 2-month compulsory internship)

November 9, 2020 - April 23, 2021 March 1, 2021 - July 30, 2021 (followed by a 2-month internship ending on June 20, 2021) (followed by a 2-month internship, ending on September 26, 2021)

Expert Diploma in French Pastry Arts (2 months, followed by an optional 1 month internship)

July 6, 2020 - August 28, 2020 May 31, 2021 - July 23, 2021

March 1, 2021 - April 23, 2021

If choosing the program, please ensure that you complete the additional question in the Motivational Letter section

## 4. Medical History

If you have a learning difference or medical condition which means that you may require additional help during your studies, it is important to provide the following information which will be kept confidential and will not affect your academic eligibility to the School. Do any of the following apply to you?

Learning Differences (eg dyslexia, dysgraphia, dyscalculia, ADD, etc.)

Mobility/Hearing/Vision Given the nature of studies (practical, academic), please be aware that this could be an area where challenges may occur.

| Medical needs:        |  |  |
|-----------------------|--|--|
| Any other condition : |  |  |

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

| Mr  | Mrs      |                   |  |
|---|----------|-------------------|--|
| Languages spoken:   |          |                   |  |
| Family name:  |          |                   |  |
| First name:   |          |                   |  |
| Postal Address:   |          |                   |  |
|   |          |                   |  |
| City:   |          | State:            |  |
| Postal code   | :        | Country:          |  |
| Home Phone:   |          |                   |  |
| Mobile phor   | ne:      | Email:            |  |
| Relationship with applicant: (you can tick more than one box) |          |                   |  |
| Parent  | Guardian | Emergency Contact |  |

## 6. Opplication Fee

Your application is incomplete until you have paid the fee of 100€. Please click here to pay the application fee <a href="enspapp.flywire.com">enspapp.flywire.com</a>

#### 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 – ENSP 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 – ENSP 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 report to École Ducasse? | resentative of our school to support your application                                       |
| Yes (please state below)                        | No  |
| Name of the representative,                     | /company:   |
| Location of the representat                     | ive:  |
| If a company, name of conta                     | act (if known):   |
|   |   |
| Please send your completed                      | d and signed forms to   |

international.enrolment@ecoleducasse.com or send to your Education Counselor.

## MOTIVATION LETTER

| About you  Describe yourself and your interest in Pastry Arts:             |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
| Your reasons and motivation for joining this particular program:           |
|  |
|  |
| Obout your professional plans Briefly explain your long-term career plans: |
|  |
|  |
| Present your feasible action plan to accomplish your goals:                |
|  |
|  |

| If you have selected to join the Expert Diploma in French Pastry Arts program, please answer this additional question.            |                      |  |
|---|----------------------|--|
| Please give a brief overview of your pastry professional experiences so far (including tasks, duration, specific knowledge, etc): |                      |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
|   |                      |  |
| In which type of restaurant would you like to wo  | rl 2                 |  |
| Gastronomic   | TK:                  |  |
| Traditional   |                      |  |
| Bistro  |                      |  |
| Brasserie   |                      |  |
| Caterer   |                      |  |
| Snacking  |                      |  |
| Chef on demand  |                      |  |
| Collective Restaurant   |                      |  |
| Concept Restaurant - Please specify:  |                      |  |
| Other - Please specify:   |                      |  |
|   |                      |  |
|   |                      |  |
| Date (DD/MM/YYYY)   |                      |  |
| Name of applicant: Sig  | nature of applicant: |  |

#### LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

| SPONSOR DETAIL   | .S                   |              |
|--|----------------------|--------------|
| Mr Mrs   |                      |              |
| Family name:   |                      |              |
| First name:  |                      |              |
| Date of birth: (DD/MI  | M/YYYY)              | Nationality: |
| Postal Address:  |                      |              |
|  |                      |              |
| City:  |                      | State:       |
| Postal code:   |                      | Country:     |
| Home Phone:  |                      |              |
| Mobile phone:  |                      | Email:       |
| Passport or ID numb  | er (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 – ENSP 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 – ENSP 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.



# INTERNATIONAL ASSISTANCE GET IN TOUCH WITH AN EDUCATION COUNSELOR

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

Please do not hesitate to contact us at international.enrolment@ecoleducasse.com

ENSP Campus
Château de Montbarnier
43200 YSSINGEAUX, FRANCE
international.enrolment@ecoleducasse.com

Tel: 04 71 65 72 50

