



APPLICATION FORM

Certified Hospitality Trainer

Denpasar Bali, 15-18 January 2014



Admission of candidate is based on Plan A, Plan B or Plan C requirements, Please ensure that you meet all the requirements in either Plan A, Plan B or Plan C. Successful applicants will be informed individually.

- ☐ Plan A - Eligibility Education Plus
☐ Plan B - Eligibility Experience
☐ Plan A - Eligibility Early Entry

PERSONAL DATA (Please type or print clearly.)

NAME (Mr./Ms.)

Mailing Address (for CHT materials delivery)

Phone ()

fax()

email

PRESENT POSITION

Number of years employed in the hospitality industry

from

to

Company/property

Address

Phone ()

fax ()

email

FEE/PAYMENT

The full tuition fee for the CHT program is US\$ 750. Please transfer the fee to Sekolah Tinggi Pariwisata Bali Internasional Denpasar, Bali; BANK BNI Denpasar # 3555666772. Bank transfer order must accompany this completed application form.

CERTIFICATION AGREEMENT

With this application, I am applying for candidacy status for the Certified Hospitality Trainer (CHT) program and submitting the requested documentation, which includes a current resume. In submitting this application for the Certified Hospitality Trainer program, I acknowledge that the information I have provided is accurate. I hereby give the Education Institute and Sekolah Tinggi Pariwisata Bali Internasional (STPBI - IAPC) permission to make a thorough investigation of my past employment, education, and professional development activities, and I release from liability all persons and companies supplying such information. I indemnify all persons I have listed in this application against any liability which might result from such an investigation.

In addition, I further agree to hold the Education Institute and its Certification Commission harmless from any and all liability in the event this application is rejected on the basis of the information furnished to the Educational Institute by me or third persons which would, in the judgment of the Educational Institute, make me ineligible for certification. I agree to accept the Certification Commission's decision as to my eligibility for this certification

Signature: _____

Date: _____

Send this completed form together with a current resume to:

Sekolah Tinggi Pariwisata Bali Internasional (STPBI) - International Academic Program Center

Jl. Kecak No. 12, Gatot Subroto Timur Denpasar- Bali.

Phone +62 361 426699 FAX +61 361 427800

email to STPBI.IAPCenter@gmail.com or secretary.ydwu@gmail.com