



IN ACADEMIC  
ASSOCIATION WITH



# APPLICATION PACKAGE



## SPECIAL EDUCATION NEEDS

Do you have a learning disability or medical condition which may mean that you require additional help during your studies and stay on campus? All information will be kept confidential and does not affect your academic eligibility.

Learning disability (e.g. dyslexia, dysgraphia, dyscalculia, ADD, etc.) \_\_\_\_\_

Mobility / hearing / vision impairment (given the nature of studies and the residential campus setting at AIHM, please be aware that this could be an area where challenges may occur).

\_\_\_\_\_

Other \_\_\_\_\_

Do you consent to share this information with your course lecturers? \_\_\_\_\_

## PARENT / LEGAL GUARDIAN / EMERGENCY CONTACT

Mr  Mrs  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to applicant (you may tick multiple boxes)  Parent  Legal guardian

Emergency contact \_\_\_\_\_ Language spoken \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

## PERSONAL STATEMENT

In 500-750 words, explain why you want to study at AIHM. Why are you passionate about hospitality and what are some of your past experiences in this field? What are your interests outside of school? What are some of your aspirations for the future?

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## LETTER OF COMMITMENT FROM FINANCIAL SPONSOR

Mr  Mrs  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_

Nationality \_\_\_\_\_ Passport or ID no. (please specify) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

I hereby guarantee that I am capable of financing and commit to pay for \_\_\_\_\_'s studies at AIHM and all of his/her expenses. I understand that the fees and other financial conditions can be revised, and I accept their revision.

I hereby declare to abide by the laws of the nation of the campus where the student intends to study in case of dispute related to the interpretation or execution of my legal obligations towards the school, and accept the exclusive competence of the courts of such nation.

Signature of financial sponsor \_\_\_\_\_

Name of financial sponsor \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## PARENTAL CONSENT FORM

Applicants who will be below the age of 18 at the start date of the first semester must have their parent / legal guardian complete the form below.

### Parent / Legal Guardian

Mr  Mrs  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Email \_\_\_\_\_

### Applicant

Mr  Ms Family name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth (DD/MM/YYYY) \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

I, the undersigned, declare that I hold legal custody of this applicant.

I acknowledge that AIHM is an adult environment, and therefore assume responsibility for the wellbeing and actions of the minor mentioned above. This expressly includes participation in voluntary activities and events organised by the school, including but not limited to sports and events organised by the student body.

The medical staff of AIHM have my permission to evaluate and treat the minor in the event of a medical emergency.

I also agree to all communications and notifications from the school becoming effective by being addressed directly to the minor.

This consent form will remain in effect until the minor's 18th birthday.

Signature of parent / legal guardian \_\_\_\_\_

Name of parent / legal guardian \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## PHOTO / VIDEO RELEASE

Photos or videos may be taken of you during your time at AIHM. If you are in a group, we may use such images without requiring your consent. However, where you are the sole subject, we need your explicit consent.

By checking this box, I acknowledge that, although I am not required to accept the use of my name, image, voice or other likeness for publication and distribution purposes, I hereby give my consent to AIHM to do so, whether in print, electronic or digital media, including but not limited to course materials and brochures, video and audio broadcast programmes, and website, social media and online communications.

I also consent to the use of statements, comments, or opinions I might make, whether oral or written, referring to AIHM and its affiliates, business or programmes.

I hereby grant to AIHM and its affiliates all rights, titles and interest that I may acquire in such photographs and/or videos, including, if applicable, the right to copyright them and to use, reuse, publish and republish them, in whole or in part, as they deem appropriate without restriction as to manner, frequency or duration of usage. Any materials produced will be and remain the sole and exclusive property of AIHM, and I waive any right to review such materials prior to their use.

The consent given herein is on the express understanding and condition that no reward or compensation is or shall be due to me. I further understand that I may revoke this authorisation in writing at any time, except for information which has already been released or published with consent and prior to my revocation.

I release and discharge AIHM and its affiliates from any and all claims and demands arising out of or in connection with the use of the photographs and/or videos in accordance with this consent, including, without limitation, any and all claims for libel or invasion of privacy.

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

If underage, consent of parent or legal guardian is also required:

I hereby certify that I am the parent or guardian of the minor named above, and I approve this release on their behalf.

Signature of parent / legal guardian \_\_\_\_\_

Name of parent / legal guardian \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

\_\_\_\_\_ I do not give consent for the use of my name, photograph, image, voice or other likeness.

## POST-STUDY STATEMENT

I hereby guarantee that I will leave Thailand at the end of my studies at AIHM.

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

## SIGNATORY LETTER

**Please read the statement below and fill in where indicated.**

I hereby declare that all information and attachments sent as part of the application process are true and complete. Any statement which proves to be untrue or purposely misleading will render the application void, and if inaccuracies are highlighted at a later stage, the school retains the right to retract any offer made or expel me with no refund of fees.

I understand that any information required as part of the application process is necessary to fulfil the identified purposes.

I agree to abide by the totality of school regulations, policies and procedures governing admission, enrolment and my studies at AIHM, as they may be revised from time to time, including but not limited to the school's terms and conditions and other regulations related to academic life, student life, residency and finance.

I understand that fees and other financial conditions can be revised, and I accept their revision.

I agree to abide by the laws of the nation of the campus where I intend to study in case of dispute related to the interpretation or execution of my legal obligations towards the school, and accept the exclusive competence of the courts of such nation.

I have read and understand the above conditions and accept them in full.

Signature of applicant \_\_\_\_\_

Name of applicant \_\_\_\_\_

Signature of parent / legal guardian \_\_\_\_\_  
(if under 18 years old)

Date (DD/MM/YYYY) \_\_\_\_\_





IN ACADEMIC  
ASSOCIATION WITH



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Avani+ Riverside Bangkok Hotel  
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3rd Floor, 218 Moo 10, Beach Road  
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