

## **CHE APPLICATION FORM**

Certified Hospitality Educator Workshop 8-12 July 2013



Admission of candidate is based on Plan A or Plan B requirements, details of which can be found in www.polyu.edu.hk/htm/edp/che2013. Please ensure that you meet all the requirements in either Plan A or Plan B. Submit your resume together with this form. Successful applicants will be informed individually.

PERSONAL DATA (Please type or print clearly.)							
NAME (Mr./Ms.)							
Mailing Address (for CHE materials delivery)							
Phone	F	Fax	email:				
ACADEMIC EXPERIENCE Total number of years employed as a hospitality educator:							
PRESENT POSITION From: To:							
Institution							
Address							
Phone Fax email:							
INDUST	TRY EXPERII	ENCE		Total number of year	ars employed in the hospitality	industry:	
POSITION			Fro	om:	To:		
Company/Property							
Address							
Phone		Fax					
( )	(	)	email:				
FEE/PAYMENT  The full tuition fee for the CHE program is US\$1,300 (HK\$10,140). Please make cheque payable to 'The Hong Kong Polytechnic University'. Your cheque or credit card information must accompany this completed registration form. We will only bank-in your cheque or bill your credit card once your application has been confirmed to be successful.  Payment: □ My cheque is enclosed. □ Please bill my credit card: □Visa □ MasterCard							
A/C Name.:Signature:							
A/C No.:Expiry Date:							
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With this ap requested of program, I at thorough in and compar from such a In addition, this applica judgment of my eligibili	documentation, whacknowledge that the avestigation of my panies supplying such in investigation.  I further agree to hotion is rejected on the fine Educational Instity for this certification.	olying for candidacy stanich includes a current the information I have plast employment, education information. I indemnite old the Education Institute, make me inelig	at resume. In a rovided is accuration, and profify all persons tute and its Cotton furnished	submitting this appurate. I hereby give essional developmed I have listed in this ertification Commistor to the Educational ication. I agree to a	Educator (CHE) program an lication for the Certified Ho e the Education Institute per ent activities, and I release f s application against any lial ession harmless from any and Institute by me or third per cept the Certification Com	espitality Educator mission to make a from liability all persons bility which might result d all liability in the event sons which would, in the	
Signature:	Signature: Date:						