

## APPLICATION FORM / INTERNATIONAL COURSES

<b>Title – LAST NAME - First name:</b> <i>(LAST NAME and first name as indicated on your passport or identity card)</i>	
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> European Fragrance &amp; Cosmetics Master (EFCM) 2-year training</p> <p><i>At least a <b>Bachelor degree</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Fragrance Expertise <input type="radio"/> Parours Cosmetic Expertise <input type="radio"/> Parours Flavouring Expertise <input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p> <p><i>Please note that a master level is required to apply for these degrees</i></p>
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> Scent Design &amp; Creation 3-year training</p> <p><i>At least a <b>Bachelor degree</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Fragrance Expertise <input type="radio"/> European Fragrance &amp; Cosmetics Master (EFCM) <input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p>
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> Parours Fragrance Expertise 1-year training</p> <p><i>A <b>master level</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Cosmetic Expertise <input type="radio"/> Parours Flavouring Expertise <input type="radio"/> European Fragrance &amp; Cosmetics Master (EFCM) <input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p>
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> Parours Cosmetic Expertise 1-year training</p> <p><i>A <b>master level</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Fragrance Expertise <input type="radio"/> Parours Flavouring Expertise <input type="radio"/> European Fragrance &amp; Cosmetics Master (EFCM) <input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p>
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> Parours Flavouring Expertise 1-year training</p> <p><i>A <b>master level</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Fragrance Expertise <input type="radio"/> Parours Cosmetic Expertise <input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p>
<p style="text-align: center;"><b>1<sup>st</sup> Choice</b></p> <p><input type="radio"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics 1-year training</p> <p><i>A <b>master level</b> is required to apply</i></p>	<p style="text-align: center;"><b>2<sup>nd</sup> choice if your 1<sup>st</sup> choice not possible (one cross only)</b> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p> <p><input type="radio"/> Parours Fragrance Expertise <input type="radio"/> Parours Cosmetic Expertise <input type="radio"/> Parours Flavouring Expertise</p>

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**Title - LAST NAME - First name:**

*(LAST NAME and first name as indicated on your passport or identity card)*

**Nationality:**

French

European  
Union

Non-European Union

**INE/NNE/BEA number (10 digits and 1 letter):**

\* INE number (student national ID), NNE (national student number)  
or BEA (academic student base) correspond to a single number assigned to you at the time of  
your French Baccalaureate.

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**Disability :**  Yes  No

MDPH disability centre  
notification

RQTH disabled worked  
recognition

Arrangements granted for previous exams

## Your current situation

Student  Employee  Job seeker  Other, please specify: .....

**If you are an employee, please provide your employer's contact information**

Company name: ..... Address : .....

Phone:..... Email : .....

**Baccalaureate (Series or specialisation) :** .....

**Year obtained :** \_ \_ \_ \_ \_

**Current course :** .....

**Institution**

**Address**

**Postcode – City**

**Last diploma obtained (if different from Baccalaureate and year of graduation) :**

.....

**Institution**

**Address**

**Postal Code - City**

ISIPCA - 36 rue du parc de Clagny 78000 Versailles

Tél : +33 (0)1 39 23 70 00 - www.isipca.fr

Siret : 889 415 113 00022 - APE : 8542Z - TVA intracommunautaire FR03 889 415 113

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## IMPORTANT:

**Students must attach a TOEFL IBT 80 (or IELTS 6.5 / TOEIC 85) proof.**

The certificate provided must be attached to this form as one file and uploaded onto your Netyparéo personal space, by following this link: <https://formations.cci-paris-idf.fr/PML/index.php/preinscription/> in the "Specific Documents" section.

**Your French level:** Non-speaker  Beginner  Intermediate  Advanced  Native

**Please indicate if you have:** DELF A1  DELF A2  DELF B1  DELF B2  DALF C1  DALF C2  (please upload it in the "Specific Documents" section) – this document is not mandatory.

**Work experience (including internships) in the past three years, if applicable:**

Dates	Job title / Description / Duration	Company / City
2022		
2021		
2020		

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**Your answers to the following questions will be forwarded to the admission panel if you are selected for an interview. We recommend that you take care answering them**

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**Describe your career goals:**

**Explain in a few lines why you would like to take this course: (career goals, knowledge of the sector or the school, etc.)**

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**Do you have any experience in this sector of activity? If so, what and for how long?**

**Regarding your experience, what are you the proudest of and how can this be of benefit for your career goals? (Internships, summer jobs, volunteering, school, family, etc.)**

**Why do you want to train on an internship?**

**What are your career goals after this course? What steps have you already taken?**

**What characteristics are you looking for in a company for an internship? (industry, size, location, etc.)**

**What activities and tasks would you like to undertake during your internship?**

<b>Do you have a driving license?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Do you have a car?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Are you willing to move away from home to find an internship?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Will you need to search for accommodation?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

**What office software or tools can you use? (Please list and specify your level of proficiency)**

**Are you applying for courses offered by other institutions? (Please list them)**

Course:	Institution:
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Course:	Institution:
Course:	Institution:

- I hereby certify that I am aware of the general enrolment requirements.  
 I declare that the above information is correct to the best of my knowledge.

Date \_\_\_\_\_

Location \_\_\_\_\_

Signature
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In accordance with the amended Data Protection Act No.78-17 of 6 January 1978 and Regulation (EU) 2016-679 on the protection of natural persons with regard to the processing of personal data, you can exercise your right to access, correct and rectify any data concerning you. You also have a right to portability of your personal data and, if you have consented to your data being used for prospecting and communication purposes, a right of opposition or limitation that you can exercise by contacting the personal data protection officer, using the following email address: [rgpd@isipca-lafabrique.fr](mailto:rgpd@isipca-lafabrique.fr), in case of difficulty with the personal data protection delegate, using [cpdp@cci-paris-idf.fr](mailto:cpdp@cci-paris-idf.fr) the : As a last resort, you can file a claim with CNIL3 Place de Fontenoy, TSA 80715 - 75334 PARIS CEDEX 07.  
The personal data you are asked for is collected to ensure the management and follow-up of your schooling within our institution. No personal information is collected without your knowledge. No personal information is transferred to third parties.

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