

Application Form

Your application:

Title - Surname - First name:			
Course choice No. 1: Option (if applicable):			
Course choice No. 2 (optional): Option (if applicable):			
Course choice No. 3 (optional): Option (if applicable):			
Date of birth: Place of birth: Country of birth:			
Nationality:	<input type="checkbox"/> French	<input type="checkbox"/> European Union	<input type="checkbox"/> Non-European Union
INE/NNE/BEA number (10 digits and 1 letter): <small>* 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.</small>		

Disability

<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MDPH disability centre notification	RQTH disabled worked recognition	Arrangements granted for previous exams

Your current situation

<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Job seeker	<input type="checkbox"/> Other, please specify:
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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	

IMPORTANT:

Students must attach a TOEFL IBT 85 (or IELTS 6.5 / TOEIC 850) 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.

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

Dates / Duration	Job title / Description	Company / City
2020		
2019		
2018		

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.

Surname - First name:

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.)

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 apprenticeship? (if apprenticeship)

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 apprenticeship or internship? (industry, size, location, etc.)

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

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

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:
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

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, in case of difficulty with the personal data protection delegate, using 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.