

Application package



Les Roches Jin Jiang Shanghai China



Applying to Les Roches Jin Jiang

Step-by-step guide

1

Submit your application

Complete application form

Attach detailed resume

Provide proof of academic records

Attach copy of passport

Include proof of English

2

Prepare for your admissions assessment

Within 1 week of submitting your documents

You'll be contacted to schedule admissions assessment or interview

Assessment may involve written exercise or interview

Additional documentation will be required, including Study/Post-Study plan, letter of commitment from financial sponsor

3

Receive acceptance letter – if successful

Within 1–3 weeks of assessment

If your application is successful, you'll receive your acceptance letter and first semester invoice

Relevant visa documentation where required

4

Confirm your place at Les Roches Jin Jiang

Within 15 days of receiving your acceptance letter

Pay application fee CNY 600

Payment also confirms acceptance of Les Roches Jin Jiang T&Cs and admission requirements met

5

Receive pre-arrival support

Right up until you arrive

Pre-arrival guide

Visa support services if required

Arrival assistance

Live Instagram Q&As

6

Arrive on campus and start your Les Roches journey

First week on campus

Arrival pickup from airport & transport to dormitory

Check-in to dormitory

Registration on Orientation day

Authentication of original documents

Application form

1. About the applicant

Male	Female	Address	
<hr/>		<hr/>	
Family name		<hr/>	
<hr/>		City	State
First name		<hr/>	
<hr/>		Postal code	Country
Nationality		<hr/>	
<hr/>		Home phone	
Date of birth (DD/MM/YYYY)		<hr/>	
<hr/>		Mobile phone	
Email		<hr/>	
<hr/>			
Please specify if you have dual nationality			
<hr/>			
if yes, please list:			
<hr/>			

2. Education

Name of high school/college/university	
<hr/>	
Country	Highest qualification
<hr/>	<hr/>
City	Completion date (MM/YYYY)
<hr/>	<hr/>

3. Mother tongue and English level

If English is not your mother tongue, or if you have not spent the last two years in full-time English education, please indicate the score and provide supporting documentation of one of the following*:

TOEFL score	IELTS score
<hr/>	<hr/>
Cambridge First Certificate score	Your mother tongue
<hr/>	<hr/>
Cambridge Advanced score	
<hr/>	

*If you have any questions, please contact your Education Counselor.

4. Professional experience

Do you have professional working experience in a hospitality-related field? Yes (please provide details in your CV) No

Application form

5. Academic program

Diploma in International Hotel Management (2.5 years)

Semester abroad (one semester on campus)

Postgraduate Diploma in International Hospitality Management
(1 year including internship)

Pre-sessional programs

HIP Hospitality Immersion Program (2 weeks)

HPP Hospitality Preparatory Program (English language program)
(1 semester)

Please indicate the month and the year you wish to start:

March 20____

September 20____

6. Room

Les Roches Jin Jiang has the following room options available. You will have the opportunity to select your preference once you are officially accepted and have paid the required tuition fees.

Double room

Single room *

*Please refer to the "Fees & other expenses" document for eligibility.

7. Medical needs and learning differences

If you have a learning difference or medical condition which means that you may require additional help during your studies and stay on campus, it is important to provide the following information which will be kept confidential and will not affect your academic eligibility to the School.

Does any of the following apply to you?

Learning Differences

(e.g. dyslexia, dysgraphia, dyscalculia, ADD, etc.)

Mobility/Hearing/Vision

Given the nature of studies (practical, academic) and the residential campus setting at Les Roches, please be aware that this could be an area where challenges may occur.

Medical needs

Any other condition:

Would you like to receive information on medical/learning support services, equipment or facilities available that may assist you?

Yes

Application form

8. About the parent/legal guardian/emergency contact

Mr.	Ms.	Address	
_____		_____	
Family name		_____	
_____		_____	
First name	City	State	
_____	_____	_____	
Relationship with Applicant (you may tick multiple boxes)		Postal code	Country
_____		_____	_____
Parent	Guardian	Emergency contact	
_____	_____	_____	
Languages spoken		Home phone	
_____		_____	
_____		Mobile phone	
_____		_____	
_____		Email	
_____		_____	

9. Application fee

Please pay the application fee of CNY 600

Statement

I agree to abide by the totality of Les Roches regulations, policies and procedures governing admission, enrolment and my studies at Les Roches, as they may be revised from time to time, including those related to academic life, student life and residency and finance. I understand that the fees and other financial conditions are modified once a year and I accept their revision. I hereby declare to abide by the laws of the host institution's country in case of a dispute related to the interpretation or to the execution of my legal obligations towards the host institution and accept the exclusive competence of the Courts of the host institution's country

Data Protection Information

In accordance with data privacy regulations we inform you that any personal data provided will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to attend any special need during your stay, such as allergies, learning differences, etc.

I understand that information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application is exact and complete.

I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the schools retain the right to retract any offer made or expel the student with no refund of fees.

I acknowledge that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor who have a legitimate interest to be informed.

Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl, Switzerland and its affiliates. Further information on how we use your personal data may be found at www.lesroches.edu/legal-information. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Date (DD/MM/YYYY)

Signature of applicant _____ Signature of the parent/legal guardian (if applicant is under 18 years old) _____

Are you working with a representative of our school to support your application to Les Roches? Yes (please state below) No

Name of the representative/company _____ Location of the representative _____

If a company, name of contact (if known) _____

Please send your completed and signed forms to info@lrjj.cn or send to your Education Counselor.

Study/post-study plan

What motivates you to study hospitality? Explain why you would like to study at Les Roches. Discuss your interests, past experiences and future ambitions.

(Maximum 300 words, no more than one page)

Date (DD/MM/YYYY)

Signature of applicant

Name of applicant

In accordance with data privacy regulations we inform you that any personal data provided will be treated by Les Roches with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl in Switzerland and its affiliates, as well as to the government authorities for the purpose of delivery of your resident permit. Further information on how we use your personal data may be found at www.lesroches.edu/legal-information. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Please send email to info@lrjj.cn or send to your Education Counselor.

Letter of commitment from financial sponsor

Sponsor details

Mr.	Ms.	Email
Family name		Home phone
First name		Mobile phone
Nationality		Address
Date of birth (DD/MM/YYYY)		
Passport or ID N° (please specify)		City State
Relation to applicant		Postal code Country

I hereby guarantee that I am capable of financing and commit to pay Mr./Ms.

studies at Les Roches Jin Jiang International Hotel Management College and all of his/her expenses. I understand that the fees and other financial conditions are modified once a year and I accept their revision. I hereby declare to abide by the laws of the host institution's country in case of a dispute related to the interpretation or to the execution of my legal obligations towards the host institution and accept the exclusive competence of the Courts of the host institution's country

Date (DD/MM/YYYY)

Signature

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Please send email to info@lrjj.cn or send to your Education Counselor.

Parental consent and declaration

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

To be filled in by your parent/legal guardian

I, the undersigned: Parent Legal guardian

Family name	City	State
First name	Postal code	Country
Address	Home phone	
	Mobile phone	
	Email	

I hereby declare that I have legal custody of the child:

Applicant's family name	Address
Applicant first name	
Date of birth (DD/MM/YYYY)	City State
	Postal code Country

and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organised by the school, including but not limited to general sports activities and/or events organised by the student body.

Medical consent

The nurses and medical staff of Les Roches Jin Jiang have my permission to evaluate and treat the minor child in the event of a medical emergency.

With this general consent I also agree to all communications and notifications from the school becoming effective by being addressed directly to the minor child listed above.

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

Date (DD/MM/YYYY)	Signature of parent/legal guardian
_____	_____

In accordance with data privacy regulations we inform you that any personal data provided will be treated by Les Roches with the sole purpose of managing the present commitment and the rights and obligations born from it. Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl in Switzerland and its affiliates, as well as to the government authorities for the purpose of delivery of your resident permit. Further information on how we use your personal data may be found at www.lesroches.edu/legal-information. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Signatory letter

Please read the statement and declaration below and complete where indicated.

Application statement

I hereby declare that all information and attachments given on the online application is exact and complete. I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, Les Roches retains the right to retract any offer made or expel the student with no refund of fees.

I agree to abide by the totality of Les Roches regulations, policies and procedures governing admission, enrollment and my studies at Les Roches Jin Jiang Shanghai, as they may be revised from time to time, including those related to academic life, student life and residency and finance. I understand that the fees and other financial conditions are modified once a year and I accept their revision.

I consent to the storage and processing of the data contained herein by Les Roches under the provision of the 1992 Federal Act on Data Protection.

I agree that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor.

I hereby declare to abide by the laws of the host institution's country in case of a dispute related to the interpretation or to the execution of my legal obligations towards the host institution and accept the exclusive competence of the Courts of the host institution's country

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

Date (DD/MM/YYYY)

Name of applicant

Hand-written signature of applicant

Hand-written signature of the parent/legal guardian

(if applicant is under 18 years old)

Please upload to the Online Application, or email to info@lrjj.cn or send to your Education Counselor.

Campus address
Les Roches Jin Jiang International Hotel Management College
100 Hai Si Road, Shanghai, 201418
P.R.China

www.LRJJ.cn



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