



Chiva-Som International Academy

Course Enrollment Form

Ground Floor, Modern Town Building
 Sukhumvit Soi 63 Rd., Bangkok 10110 Thailand
 Tel: +66(0)2711 5270-3 Fax: +66(0)2711 5274

- New Student Repeat Student
1. Course/Programme: _____ Starting Date: _____
2. Course/Programme: _____ Starting Date: _____
3. Course/Programme: _____ Starting Date: _____
4. Course/Programme: _____ Starting Date: _____

FOR OFFICIAL USE ONLY	
Student ID:	_____
Date/Time Application Received:	_____
Faxed Date:	_____

<p><u>General Information</u></p> <p>Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p><i>(in BLOCK letters) As you wish it to be printed on the certificate, Please ensure this is correct spelling of your name as there will be no re-printing of certificates.</i></p> <p><u>Mailing Address:</u></p> <p>(This can be either your personal home or the address of your company where you are able to receive mail)</p> <p>Address: _____</p> <p>_____</p> <p>City: _____ Country: _____ Post Code: _____</p> <p>E-mail Address: _____</p> <p>Telephone: _____ Mobile: _____</p> <p>Fax: _____</p> <p>Date of Birth (DD/MM/YYYY): _____</p> <p>Citizenship: _____</p> <p>ID/Passport No: _____</p> <p>Country of Issue: _____ Expiry Date: _____</p> <p><u>Academic Background</u></p> <p>Highest Education: _____</p> <p>Major: _____</p> <p>English Skill: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p><u>Occupation</u></p> <p><input type="checkbox"/> Spa <input type="checkbox"/> Private Company</p> <p><input type="checkbox"/> Hotel & Restaurant <input type="checkbox"/> Own Business</p> <p><input type="checkbox"/> Airline & Tourism <input type="checkbox"/> Housewife</p> <p><input type="checkbox"/> Government <input type="checkbox"/> Student</p> <p><input type="checkbox"/> Others (please specify) _____</p> <p>Company Name: _____</p> <p>Current Position: _____</p> <p>Average Yearly Income(Baht): _____</p>	<p><u>Training Objectives</u></p> <p><input type="checkbox"/> Open your own spa</p> <p><input type="checkbox"/> Apply for a job</p> <p> <input type="checkbox"/> Spa manager <input type="checkbox"/> Therapist <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Improve skills for current job</p> <p><input type="checkbox"/> Acquire CIBTAC certification</p> <p><input type="checkbox"/> Others (please specify) _____</p> <p><u>General Questions</u></p> <p>How do you know Chiva-Som Academy?</p> <p><input type="checkbox"/> Internet</p> <p> <input type="checkbox"/> Website <input type="checkbox"/> Web Link</p> <p> <input type="checkbox"/> E-mail Advertisement <input type="checkbox"/> Facebook</p> <p> <input type="checkbox"/> Google Search <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Word of mouth (Friend or Relative)</p> <p><input type="checkbox"/> Magazine, Newspaper, and Brochure</p> <p> (please specify) _____</p> <p><input type="checkbox"/> Trade Show (please specify) _____</p> <p><input type="checkbox"/> Others (please specify) _____</p> <p>Who sponsor the course(s)?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Company _____</p> <p>Do you have any medical conditions that may affect your studies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please briefly describe: _____</p> <p>_____</p> <p>Are there any learning difficulties that may affect your studies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please briefly describe: _____</p> <p>_____</p>
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Please include the followings with this Enrollment Form:

- Enrollment (50% deposit on Enrollment)
- 3 passport size photos on arrival to admin
- 1 copy of passport
- Medical Certificate (Current)

Enrollment Procedure

A deposit of 50% for the course fee only is payable, on enrolling in the course. Full balance to be paid 1 month prior to commencing. In the event of the student being unable to attend the course, **the deposit will remain valid for a period of 1 year from the commencement of the course** and is transferable to any alternative course within this period. **Please be informed that all fees are non-refundable.**

Method of Payment

Please make Cheque or Money Order payable to Chiva-Som Academy **and fax back to +66(0)2711 5274**

Bank Account Detail: Bangkok Bank (Thonglor Branch)

Account Name:

Chiva-Som International Health Resorts Co.,Ltd.

Account Number: 206-0-351190, Saving Bank

Address: 162 Soi Thonglor (Sukhumvit 55) Klongton

Nua, Wattana, Bangkok 10110

Swift Code: BKKBTHBK

Authorisation

This is to authorise Chiva-Som International Academy to charge the expenses of following details:

Cardholder Name: _____

Amount of payment: _____ representing

- 50% Deposit
- Total amount of the course fee

Credit Card Type: Master Card Visa Other _____

Card No:

Expiry Date: _____

Signature of Applicant: _____

Date: _____

Course Title

I wish to enroll in the above course(s) with Chiva-Som International Academy. I declare that the above particulars given by me are true. I further declare that I will abide by the rules and regulations laid down by the academy. I understand and accept that **all fees are non-refundable.**

Signature of Applicant: _____

Date: _____

Completed Course Certificate Receive

- By hand at Chiva-Som Academy
- By mail (According to Mailing Address)

FOR OFFICIAL USE ONLY

Interviewed By: _____ Director / Trainer: _____

Date: _____ Comments: _____

Course Fees: _____ Other Fee: _____

50% Deposit Paid: _____ Balance: _____

Payment Method:

Cash Credit Card Telegraphic Transfer Cheque

Type of Credit Card: Master Card Visa Other

Credit Card No: _____ Expiry Date: _____

Cheque No: _____ Bank: _____

Academy Signature: _____

Chiva-Som Academy Accounting Signature: _____

Receipt No: _____

Enrollment Fee: Yes No Payment Date: __/__/__

Course Advisor: _____ Oversea student: Yes No

Finance Signature: _____