



Application package

SUMMER PROGRAMS 2021
SWITZERLAND AND LONDON

Glion Institute of Higher Education



Application Form - Summer programs

GLION CAMPUS, SWITZERLAND AND LONDON CAMPUS, UNITED KINGDOM

01 About the applicant

Family name _____	First name _____
Male Female	Nationality _____
Date of birth (DD/MM/YYYY) _____	Marital status Single Married
Postal address _____	
City _____	State _____
Postal code _____	Country _____
Home phone _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>
Email _____	Alternative email _____

02 Education

Name of high school / college / university _____

City _____ Country _____

Highest qualification and subject _____ Completion date (DD/MM/YYYY) _____

Type of school Private Public / State International

03 English language level

Mother tongue _____

To apply for a Glion Summer Program, applicants are required to demonstrate proficiency in the English language (knowledge of English), and you may do so by meeting any **one** of the criteria listed below:

English is my mother tongue

I have a recommendation letter from my high school counselor or Glion representative

For the last two years, I have been studying in a school where English is the primary language of instruction

I can provide an official test score and supporting documentation:

IELTS score _____	TOEFL score _____
Cambridge First Certificate score _____	Cambridge Advanced score _____
Name of other provider _____	Score _____

04 Academic program

Please select the program you wish to enroll in:

Summer Program One-week course in London For students aged 15–17 years 31 July - 7 August 2021 (GBP 2,200)	Summer Program One-week course in Switzerland For students aged 15–17 years 7-14 August 2021 (CHF 2,750)	Summer Program Two-week course in London and Switzerland For students aged 15–17 years 31 July - 14 August 2021 (CHF 5,650)	Luxury Hospitality Summer Program One-week course in Switzerland For students aged 18-26 years 31 July - 7 August 2021 (CHF 2,900)
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05 How did you hear about us?

Are you working with an education counselor to support your application to Glion? Yes No If yes, please state:

Name of the representative/company _____

If company, name of contact (if known) _____ Location of the representative _____

If applicable, tell us from whom you heard about Glion (If applicable, name and approximate year of graduation)

Glion current student _____

Glion graduate _____

06 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 should not affect your academic eligibility to the School.

Do any of the below conditions apply to you? No Yes (please provide details)

Learning differences _____

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

Mobility/hearing/vision _____

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

Medical needs and any other condition you would like to share with us _____

Would you like to receive information on medical/learning support services, equipment or facilities available that may assist you? Yes No

07 About the Parent/Legal Guardian or emergency contact

Mr. Ms.

Languages spoken _____

Family name _____

First name _____

Postal address _____

City _____

State _____

Postal code _____

Country _____

Home phone _____

Mobile phone _____

Email _____

Alternative email _____

08 Method of payment

The invoice which details the method of payment will be included alongside your acceptance letter.

Data Protection Statement

In accordance with data privacy regulations, we inform you that personal data provided on this form by you 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 ensure you are fit to start and continue learning at Glion or to make sure we can adjust our teaching methods or attend any special need during your stay.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates as well as to local authorities for visa issuance purpose.

Any financial information or any information related to your studies that has a financial impact may also be shared with your parent and/or sponsor who have a legitimate interest to be informed. Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Parental consent and declaration

GLION INSTITUTE OF HIGHER EDUCATION

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

To be filled in by your parent/legal guardian

I, the undersigned (please tick): Parent Legal Guardian

Family name _____ First name _____
Postal address _____
City _____ State _____
Postal code _____ Country _____
Home phone _____ Mobile phone _____
(including country code) (including country code)

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

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

I acknowledge that Glion 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 organized by the school including, but not limited to, general sports activities and/or events organized by the student body.

Medical consent: The medical staff of Glion Institute of Higher Education have my permission to evaluate and treat my 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 my child.

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

Date (DD/MM/YYYY) _____ Signature of the Parent/Legal Guardian _____

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

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

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Video/photo release agreement

GLION INSTITUTE OF HIGHER EDUCATION

Video/photo may be taken during your stay at Glion Institute of Higher Education. Where you are not the subject of the image, i.e. if it is a "group" or "crowd" photograph, we may use such images without requiring your consent, however, where you are the subject of the photo/video, we need your explicit consent to use the image.

By checking this box, I acknowledge that, although I am not required to accept the use of my name, photograph, image, voice or other likeness for publication and distribution purpose, I hereby give my consent to Glion Institute of Higher Education to do so, whether in printed, electronic or digital media including, but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. I also consent to the use of statements, comments, or opinions I might make, whether oral or written, referring or relating to Glion Institute of Higher Education and its affiliates, business, or programs. I hereby grant to Glion Institute of Higher Education and its affiliates, all right, title, and interest that I may acquire in such photographs and/or videos, including if applicable the right to copyright them and to use, reuse, publish and republish them, in whole or in part as they deem appropriate without restriction as to manner, frequency or duration of usage. Any materials produced hereunder will be and remain the sole and exclusive property of Glion Institute of Higher Education and I hereby waive any right to review such materials prior to their use. The consent given herein is given on the express understanding and condition that no reward or compensation is or shall be due to me. I further understand that I may revoke this authorization in writing at any time, except for information which have already been released or published with consent and prior to my revocation. I hereby release and discharge Glion Institute of Higher Education and its affiliates from any and all claims and demands arising out of or in connection with the use of the photographs and/or videos in accordance with this consent, including without limitation any and all claims for libel or invasion of privacy.

If underage, consent of parent or legal guardian is required:

I hereby certify that I approve the foregoing.

Name of the Applicant _____

Signature of the Applicant _____

Date (DD/MM/YYYY) _____

Signature of the Parent/Legal Guardian _____
(if applicant is under 18 years old)

I do not give my consent for the use of my name, photograph, image, voice or other likeness.

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Signatory letter

GLION INSTITUTE OF HIGHER EDUCATION

Please read the statement below and confirm you agree by completing where indicated

Application statement

I understand that any information required as part of the application process is necessary to fulfil the identified purposes. I hereby declare that all information and attachments given as part of the application process are exact and complete. I understand that any statement which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the School retain the right to retract any offer made or expel me with no refund of fees.

I agree to abide by the totality of the School regulations, policies and procedures governing admission, enrollment and my studies at Glion, as they may be revised from time to time, including but not limited to the School Terms & Conditions and other regulations, policies and procedures related to academic life, student life and residency or finance. In particular, 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 location of the campus where I intend to study / will be studying in case of a dispute related to the interpretation or to the execution of my legal obligations towards the School and accept the exclusive competence of the Courts of such a location.

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

Name of the Applicant _____

Signature of the Applicant _____

Date (DD/MM/YYYY) _____

Signature of the Parent/Legal Guardian _____
(if applicant is under 18 years old)

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International assistance

Get in touch with an Education Counselor

If you need help with your application, please do not hesitate to contact us. Our team will put you in touch with an education counselor or admissions advisor in your region.

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info@glion.edu
glion.edu

Glion campus

Glion Institute of Higher Education
Route de Glion 111
1823 Glion sur Montreux
Switzerland

London Campus

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Downshire House
Roehampton Lane
London, SW15 4HT
United Kingdom

Bulle Campus

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Rue de l' Ondine 20
1630 Bulle
Switzerland

