

Application Form

<p>Title – LAST NAME - First name: _____ (LAST NAME and first name as indicated on your passport or identity card)</p>			
<p>Your 1st choice Only a single cross</p>	<p><input type="checkbox"/> MSc Fragrance Expertise 1-year training</p> <p><i>A master level is required to apply</i></p>	<p><i>And your 2nd choice if your 1st choice not possible</i> <i>Please note that according to selection's dates, not all 2nd choices will be possible</i></p>	<p><input type="checkbox"/> MSc Cosmetic Expertise <input type="checkbox"/> MSc Flavouring Expertise <input type="checkbox"/> EFCM <input type="checkbox"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p> <p><i>Only a single cross</i></p>
	<p><input type="checkbox"/> MSc Cosmetic Expertise 1-year training</p> <p><i>A master level is required to apply</i></p>	“	<p><input type="checkbox"/> MSc Fragrance Expertise <input type="checkbox"/> MSc Flavouring Expertise <input type="checkbox"/> EFCM <input type="checkbox"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p> <p><i>Only a single cross</i></p>
	<p><input type="checkbox"/> MSc Flavouring Expertise 1-year training</p> <p><i>A master level is required to apply</i></p>	“	<p><input type="checkbox"/> MSc Fragrance Expertise <input type="checkbox"/> MSc Cosmetic Expertise <input type="checkbox"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p> <p><i>Only a single cross</i></p>
	<p><input type="checkbox"/> MSc Scent Design & Creation 3-year training</p> <p><i>At least a Bachelor degree is required to apply</i></p>	“	<p><input type="checkbox"/> MSc Fragrance Expertise <input type="checkbox"/> EFCM <input type="checkbox"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics</p> <p><i>Only a single cross</i></p>
	<p><input type="checkbox"/> EFCM 2-year training</p> <p><i>At least a Bachelor degree is required to apply</i></p>	“	<p><input type="checkbox"/> MSc Fragrance Expertise <input type="checkbox"/> MSc Cosmetic Expertise <input type="checkbox"/> MSc Flavouring Expertise <input type="checkbox"/> 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><i>Only a single cross</i></p>
	<p><input type="checkbox"/> Specialized Master's Degree Regulatory affairs Management of Fragrances and Cosmetics 1-year training</p> <p><i>A master level is required to apply</i></p>	“	<p><input type="checkbox"/> MSc Fragrance Expertise <input type="checkbox"/> MSc Cosmetic Expertise <input type="checkbox"/> MSc Flavouring Expertise</p> <p><i>Only a single cross</i></p>

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): * 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 Bacculaureate.	_____

Disability : Yes No

<input type="checkbox"/> MDPH disability centre notification	<input type="checkbox"/> RQTH disabled worked recognition	<input type="checkbox"/> Arrangements granted for previous exams
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Your current situation Student Employee Job seeker Other, please specify:

If you are an employee, please provide your employer's contact informationCompany 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 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 / Duration	Job title / Description	Company / City
2021	_____	_____
2020	_____	_____
2019	_____	_____

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 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?

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 or, 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.

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Une école de