

INTERNATIONAL INSTITUTE OF TRAVEL



DEPARTMENT OF TRAVEL AND TOURISM TRAINING

DISTANCE LEARNING APPLICATION FORM

N°:			Date:			
PERSONAL INFORMATION						
FAMILY NAME:		FIRST	FIRST NAME:			
ADDRESS:		EMAIL	EMAIL:			
CITY:	COUNTRY:		POSTAL CODE:			
PHONE:		BUSIN	BUSINESS:			
DATE OF BIRTH:			S.I.N. NUMBER: (FOR CANADIAN RESIDENCE)			
CURRENT STATUS: CANADIAN CITIZEN ☐ LANDED IMMIGRAN			NT □ STUDENT VISA □ OTHER □			
EDUCATIONAL QUALIFICATIONS: (GRADE 12 OR EQUIVALENT, TRANSCRIPT IS REQUIRED)						
LANGUAGES:						
WORK EXPERIENCE:						
NAME OF PRESENT EMPLOYER:			POSITION	POSITION HELD:		
GENERAL INFORMATION						
HOBBIES & INTERESTS:						
HOW DID YOU FIND OUT ABOUT THE INSTITUTE?						
WHICH AREA OF TOURISM ARE YOU INTERESTED IN?						
WHICH COURSE ARE YOU INTERESTED IN? Ce Diploma Courses Travel & Tourism Diploma □ International Travel & Tourism Diploma □		Certificates Courses Com		Sales & Marketing Certificate World Destinations Certificate Travel Agency Operations Certificate puter Resevations Training Certificate		
CAREER CHOICE:						
Not Sure ☐ Travel Agent ☐ Reservation Agent ☐ Ticket Agent ☐ Tour Guide ☐ Cruise Agent ☐						
Holiday Rep Abroad ☐ Car Rental Rep ☐ Hotel Rep ☐ Airport Ground Hostess ☐ Flight Attendant ☐						
FOR OFFICE USE ONLY						
DATE:		OUNSEL	OUNSELLOR:			
COMMENTS:						