



INTERNATIONAL INSTITUTE OF TRAVEL



DEPARTMENT OF TRAVEL AND TOURISM TRAINING

HOME-BASED APPLICATION FORM

N^o: _____

Date: _____

| PERSONAL INFORMATION | | | |
|--|----------|--|--|
| FAMILY NAME: | | FIRST NAME: | |
| ADDRESS: | | EMAIL: | |
| CITY: | COUNTRY: | POSTAL CODE: | |
| PHONE: | | BUSINESS: | |
| DATE OF BIRTH: | | S.I.N. NUMBER: <small>(FOR CANADIAN RESIDENCE)</small> | |
| CURRENT STATUS: CANADIAN CITIZEN <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> STUDENT VISA <input type="checkbox"/> OTHER <input type="checkbox"/> | | | |
| EDUCATIONAL QUALIFICATIONS: <small>(GRADE 12 OR EQUIVALENT, TRANSCRIPT IS REQUIRED)</small> | | | |
| LANGUAGES: | | | |
| WORK EXPERIENCE: | | | |
| NAME OF PRESENT EMPLOYER: | | 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? | | Certificates Courses | |
| Diploma Courses | | <i>Sales & Marketing Certificate</i> <input type="checkbox"/> | |
| <i>Travel & Tourism Diploma</i> <input type="checkbox"/> | | <i>World Destinations Certificate</i> <input type="checkbox"/> | |
| <i>International Travel & Tourism Diploma Diploma</i> <input type="checkbox"/> | | <i>Travel Agency Operations Certificate</i> <input type="checkbox"/> | |
| | | <i>Computer Reservations Training Certificate</i> <input type="checkbox"/> | |
| CAREER CHOICE: | | | |
| <i>Not Sure</i> <input type="checkbox"/> <i>Travel Agent</i> <input type="checkbox"/> <i>Reservation Agent</i> <input type="checkbox"/> <i>Ticket Agent</i> <input type="checkbox"/> <i>Tour Guide</i> <input type="checkbox"/> <i>Cruise Agent</i> <input type="checkbox"/> | | | |
| <i>Holiday Rep Abroad</i> <input type="checkbox"/> <i>Car Rental Rep</i> <input type="checkbox"/> <i>Hotel Rep</i> <input type="checkbox"/> <i>Airport Ground Hostess</i> <input type="checkbox"/> <i>Flight Attendant</i> <input type="checkbox"/> | | | |
| FOR OFFICE USE ONLY | | | |
| DATE: | | COUNSELLOR: | |
| COMMENTS: | | | |

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