

OTHM

The Organisation for Tourism and Hospitality Management

OTHM Student Application form for

The OTHM Level 7 Diploma in Tourism & Hospitality Management (QCF)

(Post Graduate Level)

with

MSc 'Top-up' option

OTHM Level 7 Diploma (Post Grad Level) Candidate Application

This form should be completed by all those who wish to apply for the OTHM Level 7 Diploma (Post Grad) in Tourism and Hospitality Management.

Please complete all sections in BLOCK CAPITALS using black ink!

Please supply
a full colour
passport size
photograph

1 SECTION ONE: Personal Details

Title (e.g. Mr Mrs Miss Ms):	
Forename(s):	
Surname:	OTHM Student Number: <small>(if applicable)</small>
Date of Birth: ____ / ____ / ____	Nationality:
Full name (as you wish it to appear on membership documents or certificates):	
Personal Address:	
Post Code:	Country:
Telephone:	Mobile:
Email:	

2 SECTION TWO: Employment Details

Job Title:	
Company Name:	
Work Address:	
Post Code:	Country:
Telephone:	Mobile:
Email:	Web address:

Please indicate preferred mailing address: Personal Work
Please indicate preferred e-mailing address: Personal Work

SECTION THREE: Qualifications

Entry requirements: Holder of OTHM Higher Diploma/Level 6 Diploma or equivalent

1st Degree or HND/HNC or equivalent

English Language Qualification (expected level is IELTS level 7 or equivalent)

Awarding Body

Study period	Title of Qualification	Qualification Level	Units/Subjects Completed	Awarding Body

SECTION FOUR: Relevant Work Experience

(please continue on a separate sheet if required)

Date(s)	Job Title	Main Duties	Name and Address of Employer

SECTION FIVE: References

Please provide the contact details of TWO professional referees, who we may contact if required. Referees should not be related to you.

Title (e.g. Mr Mrs Miss Ms):	Title (e.g. Mr Mrs Miss Ms):
Forename(s):	Forename(s):
Surname:	Surname:
Job Title:	Job Title:
Company Name:	Company Name:
Work Address:	Work Address:
Post Code:	Post Code:
Telephone:	Telephone:
Email:	Email:

6 SECTION SIX: OTHM Level 7 Diploma (QCF) Fees

Please note: Registration and Examination fees are not transferable or refundable.

OTHM Registration Fee (12 Month Period) £250

OTHM Registration Fee for current OTHM students and Renewals £60


Module	Examination Assessment Fees	Re-sit Fees	Late Fees	Very Late Fees
1	£90	£90	£120	£150
2	£90	£90	£120	£150
3	£90	£90	£120	£150
4	£90	£90	£120	£150
5	£90	£90	£120	£150
6	£90	£90	£120	£150

7 SECTION SEVEN: Payment

Payment by: Cheque or Postal Order payable to OTHM or Credit/Debit Card (please complete the Credit/Debit Card section below)

Name of card holder:	Expiry date: ____ / ____
Card number: <input type="text"/>	Start date: ____ / ____
Issue No (if Maestro):	Security code number (last three digits on the back of your card):
Address of card holder (if different from overleaf):	
Post Code:	

8 SECTION EIGHT: Education Centre

Name and address of the education centre where you intend to take your course.	COLLEGE STAMP 
Contact Name: Signature:	
Start date ____ / ____ / ____ Completion date ____ / ____ / ____	

9 SECTION NINE: Signature

I agree that I shall abide by the OTHM Member Code of Practice. I confirm that the information supplied on this form is accurate and complete.

Signature: _____ Date ____ / ____ / ____

10 SECTION TEN: Student Membership

An Associate Member who passes the OTHM Higher Diploma or OTHM Level 6 Diploma may apply to upgrade their membership to Full Member status if he or she is able to supply evidence that he or she has one year's relevant industrial experience – that is six months' experience since obtaining Associate Member status. Industrial experience may be in the form of part time work done while studying. The member must indicate how many hours of work they have done in support of his or her application. The application for upgrade should be in the form or a letter accompanied by supporting evidence.

Grade	Examination	Experience	Professional Track	Designatory Letters
Associate	OTHM Level 5 Diploma OTHM Professional Diploma	6 month's relevant industry experience	4 year's experience and equivalent qualification	AOTHM
Full Member	OTHM Level 6 Diploma OTHM Professional Higher Diploma OTHM Level 7 Diploma	1 year's relevant industry experience	8 year's experience and equivalent qualification	MOTHM

11 SECTION ELEVEN: Submission Address

Please send your completed Application Form together with your Registration Fee and your current CV (if applicable) to: OTHM – Student Membership Department, SBC House, Restmor Way, Wallington, Surrey, SM6 7AH, UK

Applications without a college stamp, signature and passport size photograph will NOT be processed.

The Organisation for Tourism and Hospitality Management (OTHM) is committed to equal opportunities. To achieve this aim, it is necessary to regularly monitor our student enrolment process in order to assess the impact of our equality policies, identify potential areas of discrimination, set objectives and to measure progress.

To enable us to do this we rely on your support in completing the following information.

On receipt, this form will be separated from your student enrolment application form. The information provided will be treated in the strictest confidence and will only be used for the purposes of monitoring. Information provided relating to any declared disabilities will be used in the assessment process in order to meet commitment to dealing with Reasonable Adjustment and Request for special consideration. Thank you for your co-operation.

Gender: Male <input type="checkbox"/>		Female <input type="checkbox"/>		Marital status: Married <input type="checkbox"/>		Civil Partnership <input type="checkbox"/>	
				Single <input type="checkbox"/>		Other <input type="checkbox"/>	
What is Your Ethnic Group?							
White		Mixed		Asian or Asian British		Black or Black British	
Chinese or Other Ethnic Group							
British	<input type="checkbox"/>	White and black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White and black African	<input type="checkbox"/>	Pakistan	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
		Any other Mixed background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Do you consider yourself to have a disability?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes , please describe the nature of your disability;					
Learning disability – specific (e.g. dyslexia or dyspraxia)	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>		
Mental health condition	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>		
Visual impairment	<input type="checkbox"/>				
Other disability (please state)	<input type="checkbox"/>				

Please send your completed enrolment application to Human Resources Manager, OTHM, SBC House, Restmor Way, Wallington, Surrey, SM6 7AH

Signed:.....

Dated:.....

Credit/Debit Card Section

Name of card holder:										Expiry date: ____ / ____	
Card number: <input type="text"/>										Start date: ____ / ____	
Issue No (if Maestro):					Security code number (last three digits on the back of your card):						
Address of card holder (if different from overleaf):											
Post Code:											

Fee total: _____

Special note: All personnel information in the Credit/Debit Card Section is destroyed after the payment has been processed

