

# PERSONAL CULINARY INTERNSHIPS IN TEL AVIV

## Application form

By filling this form and submitting it, you are declaring your intent to participate in one of Study in Israel programs in Tel Aviv and that the information below is true. **Only applicants who paid the application fee and submit a completed form will be considered.**

To understand the exclusive and unique nature of the program, please [see all the services offered here](#).

To read about the next steps in the application process, [please click here](#).

### Applicant Information

Studies Start Date \*

First Name \*

Middle name

Last Name \*

What would you like us to call you (Nickname?)

Date of Birth \*



Gender \*

Your Martial Status \*

Previous Family Name (if applicable)

Residential Address - line 1 \*

(street name, house number, apartment number)

Address line 2

City \*

State

Zip Code \*

Country \*

Mobile Phone \*

WhatsApp Phone

(if different from your mobile p

Email Address

Confirm your email

I am a citizen of the following countries:

Passport Nationality \*

Passport for the student visa

Passport Number \*

Passport Expiration date \*



Please upload a scan of your passport photo page

Choose File No file chosen

## Emergency Contact

First Name \*

Middle Name

Last Name \*

Relation type \*

Parent, Spouse, Sib

Phone Number

Mobile Number \*

Address Line 1 \*

Street name, house number, apartment number

Address Line 2

City \*

State/Region \*

Zip/Postal Code

Country \*

Email Address \*

# Experience

Please upload your CV or Resume

No file chosen

## References

Reference from past or current employer regarding your culinary skills

Name

Title

Phone

Email Address

Alternatively, upload 2 recommendation letters

No file chosen

# Language Proficiency

Please rank yourself on a scale of 1-5 with 5 being full fluency. If you know the CREF/ ACTFL/ ILR ranking please insert these.

\*

	Speaking	Reading	Writing
English	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spanish	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portuguese	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hebrew	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Medical Data

For the Health Insurance, Choose all the apply \*

- I do not participate in extreme sport on a regular basis
- I do not have any food allergies or sensitivity
- I do not have a history of substance abuse or addiction (Drugs, Alcohol, Pain meds, or other state altering chemicals)

I do not have a current issue of substance abuse or addiction (Drugs, Alcohol, Pain meds, or other state altering chemicals)

I have never been hospitalized for mental health reasons

**Do you have any physical, emotional, learning or medical condition that has required or still requires professional care that might limit your activity in any way? \***

If yes, please indicate the condition and the implications for your studies and/or daily living, and provide a letter from your treating physician indicating details of your condition and treatment and implications for your study abroad experience in Israel. Your application will be considered regardless of any disability, but it will affect the medical insurance provided.

You may to have your physician complete and sign the Report of Medical Examination form. Please email us to receive this form. We will keep your medical forms private and only share it with the health insurance provider and the internship locations.

## More about you!

**Photo showing your face clearly (Selfies, ID photos, Passport photos)**

No file chosen

**Have you ever been to Israel before? If yes, when and for how long? \***

0/955 characters

**Please provide a short statement (200-400 words) telling us about your international experience, culinary experience, or anything you feel it is important we know about you. ?**

**MUST BE IN ENGLISH. You may email it to us**

0/600 words

**Do you have a criminal record? \***

- Yes, in my country
- Yes, not in my country
- I was arrested
- I was convicted
- I served time in prison
- No

Other:

**How did you hear about this program? \***

# Declaration

By signing and submitting this form, I certify that all the information submitted is complete and true and that I agree with the following statements: \*

- I understand Study in Israel LLC and Lirom Global Education Ltd (program organizers) hold the right of refusal on all applications, meaning Lirom may reject my application without explanations and will refund my application fee. If accepted, I intend to proceed with the next stage of the application process.
- Upon final acceptance into the program, I understand that it is my sole responsibility to obtain my student visa at the Israeli consulate.
- I understand that the program organizers cannot guarantee that I will get a student visa to Israel.
- I understand that the program organizers cannot guarantee that even with a student visa to Israel, that the state of Israel will grant me entry to Israel.
- I understand that the application fee, tuition, and apartment deposits are refunded to me if I am unable to obtain a student visa or am denied entry.
- I understand that I will be expected to meet the requirements from the internship, including attending the classes and completing a minimum of 140 hours of internship in a month.
- I believe myself physically, professionally, mentally, and emotionally able to complete the internship program.

Signature \*

[clear](#)

\*

Date



Please click on submit and pay the application fee of US \$250 through one of these options

[Pay by Credit Card](#)

Paypal to <http://paypal.me/studyinisrael>

Card payments processed through Paypal (you don't need an account to pay)

Make sure to add \$11 Paypal fees.

Note: Paypal refunds completed within 3 months of payment usually return transaction fees.

Contact us for Direct Bank Transfers to Bank of America, Western Union, and other options

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Submit