



Enrolment Application 2008

Personal Details

Student ID _____

Family Name				Given Names		
Date of Birth			<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Nationality						
Address						
Area Code						
Telephone				Mobile		
Email						
Occupation						

Next of Kin (Relative)

Family Name						
Given Names						
Relationship to Applicant						
Address						
Area Code						
Telephone				Mobile		
Email						
Occupation						

Course details

- Diploma of Beauty Therapy WRB50105
- Certificate IV in Beauty Therapy WRB40105
- Certificate III in Beauty Services WRB30104
- Certificate II in Nail Technology WRB20104
- Individual Unit _____

Days of attendance

- Group A (Monday – Wednesday)
- Group B (Wednesday – Friday)
- Part time

Preferred start date: ____/____/____

Do you require Recognition of Prior Learning? Yes / No

Do you have a current First Aid Cert? _____

Yes, expiry date: ____/____/____ / No

(A First Aid Certificate is required to complete the Diploma – course will be organised by College – not included in fees)

How did you find us?

- Yellow Pages
- Magazine _____
- Student
- Industry Journal
- Fuss Website
- Other _____

