



# ELLEEBANA SCHOOL OF BEAUTY THERAPY



## ENROLMENT FORM

Name:.....

Address:.....

Date Of Birth:.....Age.....

Email Address:.....

Telephone:(H).....(W).....(M).....

### EDUCATIONAL QUALIFICATIONS:

Current occupation:.....

Do you consider yourself to have a significant disability? If yes please specify.....

Is English your first language? YES / NO

### Please tick course you are enrolling in:

- |                   |                                   |                          |                       |
|-------------------|-----------------------------------|--------------------------|-----------------------|
| SIB40110          | Certificate IV Beauty Therapy     | <input type="checkbox"/> | Full Time / Part time |
| SIB50110          | Diploma of Beauty Therapy         | <input type="checkbox"/> | Full Time / Part time |
| SIB20110          | Certificate II in Nail Technology | <input type="checkbox"/> |                       |
| Individual Module |                                   | <input type="checkbox"/> | .....                 |

### DECLARATION:

\*I wish to enroll in the above course and have carefully considered all aspects of a career in beauty

\*I agree to pay a deposit to secure a place in the course

\*I understand that the deposit is non-refundable

\*I understand that a qualification / statement of attainment will be issued upon satisfactory completion of the course requirements.

**Commencement date of course (as advised)**

**Date of enrolment (today)**

Signed:.....Date:...../...../.....  
(Student)