

blacstur beauty institute

<u>REGISTRATION FORM</u>	
Personal Information	
FULL NAME & SURNAME:	
DATE OF BIRTH:	
ID/PASSPORT NUMBER	
NATIONALITY	
GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS	
PHONE NUMBER:	
EMAIL ADDRESS:	
COURSE SELECTION	
UNIFORM SIZE (TOP)	
EDUCATIONAL BACKGROUND	
HIGHEST LEVEL OF EDUCATION COMPL.	<input type="checkbox"/> High School <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other:
Have you attended any beauty-related training before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>HEALTH AND SAFETY</u>	
Do you have any health conditions that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any allergies to beauty products or chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>EMERGENCY CONTACT</u>	
NAME:	
RELATIONSHIP TO STUDENT:	
PHONE NUMBER:	
ALTERNATIVE PHONE:	
ADDRESS	

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Banking Details

Account Name: Blacstur Beauty

Bank: Capitec Bank

Account No: 1053 5102 50

Branch Code: 450105

Reference: Your Full Name

Please email or WhatsApp proof of payment to blacsturbeauty@gmail.com/ 0744711063

No registration is confirmed without proof of payment.

Agreement and Declaration

I hereby certify that the information provided above is true and correct to the best of my knowledge. I agree to adhere to the rules, regulations, and policies of the Blacstur Beauty Institute.

Signature of Student: _____

Date: _____

For Office Use Only

Application Received By: _____

Date of Enrolment: _____

Student ID Number: _____