



beauty . skin . body

APPLICATION FOR ENROLMENT FORM

CONTACT INFORMATION (please let us know if your details change at any time):

Name: (include given names and surname)	Date of birth:
Address to which you would like all correspondence to be sent:	
Postcode:	
Email Address:	Day Phone:
	Evening Phone:
	Mobile:

Medical history (if any)
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.....
.....

Current occupation (if any):

Current employment status: Full-time employed Part-time employed Unemployed
 Student Retired Self-employed

Educational Qualifications:

Information about yourself (i.e interests/hobbies):

Where did you hear about this course?

Newspaper Flyer (where did you see it) Magazine
 Radio Web search Web link
 Word of mouth (inc. name) Other

Next of kin (name):	Contact phone numbers: /
COURSES F = Full-time ONLY (please call for partime option)	
<input checked="" type="checkbox"/> DIPLOMA of BEAUTY THERAPY (WRB50105) <input checked="" type="checkbox"/> CIDESCO International DIPLOMA of BEAUTY THERAPY	

I understand that Full Tuition fees are payable on the date of commencement of studies and that no refund of fees will be made after the final course position acceptance and commencement of studies (unless prior arrangements are made) notwithstanding earlier completion of studies, or permanent departure from the INTERNATIONAL COLLEGE OF ESTHETICS.
 *Registration can only be effective if this form is completed in full and accompanied by a non-refundable Security deposit / administration fee of 10% or \$500 of the full amount of the Course Fee.

I Acknowledge receipt of and have read the conditions above.

Signature: Date: / /

(Signature of guardian is required if applicant is under 18 years of age)