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 Telephone 028 3026 2149 Facsimile 028 3025 2186 Email training@younique.ie

younique

enrolment form - part one

personal details

Surname Home Tel.

Forename(s) Work Tel.

D.O.B Mobile

Address Fax

Email

Please state normal clothing sizes for your uniform.

Top size Trouser size Leg length

Please print your name below as you would like it to appear on your certificate (ALL CAPITAL LETTERS)

course details

Course/courses you wish to undertake

Date the course commences

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

education and training

Deposits MUST be paid on acceptance to course. Deposits secure your place and are therefore NON-REFUNDABLE. All fees are NON-TRANSFERABLE and MUST be paid in FULL before commencing the course(s).

for official use only

Accept	Refused	Student Number	Fees	Amount	Date Received	Method of Payment
			Total Fees Due			
Uniform Received			Less Deposit			
Book Received			Balance			
Kit Received						
Reg:Date	Booking Ref					



enrolment form - part two

work history

Duration (e.g. 01/01/05 - 01/01/06)	Type of Business	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

health record

If you suffer from any of the conditions listed below, please indicate by ticking the 'yes' or 'no' box.

Any sort of back complaints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sight difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you suffer from any condition not mentioned above, which may affect your ability to carry out work or training?
 If so, please give details:

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declaration

The information I have provided in this form is true to the best of my knowledge.

Student Signature	Date
<input type="text"/>	<input type="text"/>

Tutor Signature	Date
<input type="text"/>	<input type="text"/>

How did you find out about Younique College of Beauty & Holistics? Please tick the appropriate box:

Younique website Leaflet Word of mouth Newspaper Which newspaper?

Other (please specify below)

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