

# The Key Institute of Health & Beauty

466 Colombo Street  
Sydenham  
Christchurch 8023  
phone: (03) 3327 822

## APPLICATION FOR ENROLMENT

I wish to place my application for acceptance as a student for the  
Certificate Course:

### BEAUTY SPECIALIST

NAME:( in full ) .....

Print

ADDRESS: .....  
.....

PHONE:(hm).....cell.....email:.....

Date of Birth: ..... AGE:  
( tick which applicable) 16 - 20 21 - 25 26 - 35 35 - 45 46 & over

MARITAL STATUS: ( Opt.) Single Married Separated

Children:..... Ages: .....

What do you want out of this course? Professional use? Home use?  
.....  
.....

Do you have any medical conditions which could be affected by massage? i.e.: Asthma,  
diabetes, high BP., heart problems, skin conditions, back problems, menstrual problems or  
other. Are you on any medication you may need?  
.....  
.....  
.....

Doctor's Name / address /phone ? .....

If under 18 years - parent or guardian address & signature of approval

NAME:.....

ADDRESS: .....  
.....

SIGNATURE: .....DATE:.....