

Phoenix Holistic Beauty & Nail Training: Funded Course Application 2010

Course code / name:	
Name of applicant:	
Address:	
Address:	
County:	Post code:
Telephone Land line: std code ()	Mobile:
Email:	
Date of Birth:	Age on 01.09.2010:

Qualifications:

Subject:	Level	Grade achieved	Predicted grade
Example			
Maths	GCSE	C	
2			
3			
4			
5			
6			
7			
8			
9			
10			

Year 11 students – Name of current or last school.

Please answer the following questions:

1:	How long have you been considering this course?	
2:	What qualities do you have that you feel would make you a great therapist?	
4:	Please identify any special needs, learning difficulties or health issues.	
3:	Do you require transport to Baddow Park	Yes / No (please delete)
4:	Do you need to be on a 9.30-3.00pm timetable?	Yes / No (please delete)
5:	Do you smoke?	Yes / No (please delete)
5:	Other than your own potential health issues, what would prevent you from attending the course?	
6:	Please provide the name address and telephone number of someone who could provide a reference for you should this be required. Where applicable this should be someone from an educational establishment or employer.	
If relevant, please add any further information to support your application.		

Declaration:

I understand that should I be accepted on to a funded course, I am obliged to complete the training and abide by the contract of learning. Should I decide to withdraw from training or be absent for 2 weeks or more I will become liable for any funding that cannot be claimed on my behalf.

I understand that should I be accepted on to a course, I am obliged to pay the course fees in full regardless of completion.

Name:	Signature:	Date:
If under 19 yrs of age: Parent or Guardian must counter sign this declaration:		
Name:	Signature:	Date: