

R E G I S T R A T I O N F O R M

How did you hear about the academy?

Why do you want to be a nail technician?

What do you intend to do once you have successfully completed this qualification?

Do you have any reading disabilities ie. Dyslexia or have special needs?

Do you have any medical conditions or require medication for a condition ie. Epilepsy?

Do you suffer from back pain or discomfort?

Have you had a recent eyesight examination or think you may have an eyesight problem?

If you have answered YES to any of the above questions regarding medical conditions, you will require a Medical Certificate prior to your application being approved

Name

Address

Phone

Mobile

I wish to enrol in the following course commencing:

Deposit \$:

Introduction to Nail Technology 101

Advanced Nail Technology

Air brushed Nail Art (P.O.A)

Gel Nails

Update Advanced Technology

Advanced Manicure/Pedicure

Full payment by Cash or Cheque is required 2 weeks prior to commencement of courses.

I understand that I will be required to practice between classes and complete evidence forms from models outside class time. I understand that I will also be required to complete work experience hours in the Salon between classes. Should I not comply with these requirements the Academy will not be held responsible for the failure due to non-completion of these requirements. I also understand that prior to commencement of training with Young Nails Australasia, I will be required to complete all documentation including Company Indemnification.

SIGN _____ DATE _____