



## VANITY BEAUTY ACADEMY

NVQ & IHBC Registered Training Centre

### APPLICATION FOR ENROLMENT

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Surname :

First Name :

Address : \_\_\_\_\_

Tel. No (Day) : \_\_\_\_\_

\_\_\_\_\_

Tel. No (Eve) : \_\_\_\_\_

\_\_\_\_\_

Mobile : \_\_\_\_\_

\_\_\_\_\_

Fax : \_\_\_\_\_

\_\_\_\_\_

Occupation : \_\_\_\_\_

\_\_\_\_\_

D.O.B : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical conditions (if any): e.g. pregnancy/asthma/dyslexic etc . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course/s applied for :

\_\_\_\_\_

1st Choice Day : \_\_\_\_\_

Month : \_\_\_\_\_

2nd Choice Day : \_\_\_\_\_

Month : \_\_\_\_\_



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Full course fees enclosed £

Or (mastercard / visa / debit card )

Card no : \_\_\_\_\_ Expiry Date : \_\_\_\_\_

I agree to abide by the rules and regulations of the centre e.g. I understand that fees are not refundable but are transferable at a nominal admin cost; and there will be no reimbursement for absentees.  (Please Tick Box)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Your place will be confirmed within 14 working days.**

**PLEASE SEND PAYMENT & ENROLMENT FORM TO:**

31A SUN STREET  
HITCHIN  
HERTFORDSHIRE  
SG5 1AH

TEL: 01462 438883

E-MAIL: ENQUIRIES@VANITYBEAUTYACADEMY.COM

WWW.VANITYBEAUTYACADEMY.COM