



Gemma Knightly's

Private Hair & Beauty College

All Enquiries To Tele: 066 7197000
Suite 4, Mileheight Business Park, Manor, Tralee, Co. Kerry

Student Enrolment Form:

- **Print out, complete and submit the forms with deposit of €1000 (payment details given below):**
- **Please ensure you sign and date each form. The name you print on this form will appear on your Certificate or Diploma.**
- **Please include two passport photographs with your signature on the back of each.**

First Name: _____

Surname: _____

Address: _____

Telephone: _____

Mobile _____ Home _____ Work _____

Email: (use block letters and print clearly) _____

Uniform Tunic Size: _____

Date of Birth: _____

Sex: (please tick a box) Male Female

Course

Title of course you are applying for: _____

Payments

Payments made to: **Gemma Knightly**

Posted to:

**Gemma Knightly's Beauty College
Suite 4,
Mileheight Business Park,
Manor, Tralee, Co. Kerry**

Please state amount enclosed: _____ (by Cheque, Postal Order, Bank Draft)

Medical History

Please note it is important to inform us of any medical conditions or medication you have. It is also important that you keep us updated on any changes related to your medical/medication details throughout the programme.

Please fill in or tick where applicable.

Have you ever suffered from a Nervous Disorder ? Y N

Comment:

Do you have any condition, medical or personal that may prevent you from applying or receiving application of creams, waxing, cosmetic products?

Yes

No

Comment: _____

Are you currently or within the last 3 months on any medication

Yes

No

If yes, Please give details: _____

Do you have any skin conditions or allergies

Yes

No

If yes, please give details: _____

Any additional medical information:

Declaration: I, the undersigned, confirm that the information given on this application is both truthful and correct. I understand that all deposits and fees paid are not refundable should I not take up my place or fail to complete the course. I have read and understood all sections on this application form including medical history.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Contra _____

Date Received _____ Course Confirmed _____ Deposit _____

Balance due _____

Comments: _____

College Regulations (Applicants Signature & Date Required):

1. All payments must be made on or before specified dates.
2. You must inform College of any changes in name address/phone numbers or email. Failure to do so could result in important information/correspondence not being received. Most correspondence will be conducted by email if you supply an email address.
3. The College is not responsible for any items/valuables belonging to students while attending tutorials.
4. In the event of you not attending your scheduled class, a fee will be applied to the re-issue of additional hours training if required.
5. Students are responsible for all materials distributed to them by the College.
6. For practical work, hair must be tied back, nails must be short and unvarnished and jewelry should not be worn.
7. Punctuality is essential.
8. Full course attendance is required.
9. No smoking is allowed inside the College.
10. The use of illegal drugs, or alcohol in any form during class hours (on or off College premises) is grounds for dismissal.
11. Course places are allocated on a first come, first served basis subject to suitability.
12. Reservation fees are not transferable or refundable.
13. Students should maintain a high standard of hygiene while attending the programme and be suitably attired.
14. Mobile phones must be turned off while classes are in progress.

Declaration: **I have read and agree to abide by the College Regulations.**

Signature: _____ **Date:** _____