

COURSE FEES

Deposit of \$500.00 is required on all courses which is non-refundable after the course commences and is required following an interview and acceptance into the course.

FULL TIME COURSES

Discount - A 7% discount is given for total payment for the Diploma of Beauty Therapy six weeks before the commencement date and a 5% discount for payment on or before the commencement date. A 2½% discount is given on each advance payment where the total course is paid in three instalments, excluding the deposit for the Diploma of Beauty Therapy. A 5% discount is given for total payment for Certificate IV in Beauty Therapy on or before the commencement date. Alternatively, a payment plan to suit your individual needs may be arranged at no extra cost.

PART TIME COURSES

Discount - A 7% discount is given for total payment for the Diploma of Beauty Therapy six weeks before the practical commencement date and a 5% discount for payment on or before the practical commencement date. A 2½% discount is given on each advance payment where the total course is paid in three instalments, excluding the deposit for the Diploma of Beauty Therapy. A 5% discount is given for total payment for Certificate IV in Beauty Therapy on or before the practical commencement date. Alternatively, a payment plan to suit your individual needs may be arranged at no extra cost.

UNIFORMS

Uniforms are compulsory at the Queensland School of Beauty Therapy.

Round Neck Dress (GST inclusive) \$130.00 each

Three Quarter Sleeve Jacket (GST inclusive) \$130.00 each

*For custom-made uniforms, other than the standard size, a surcharge may apply.

Please contact the school for further information.

Please note: External product schools and occasional commercial service classes are held outside timetable hours. Class hours may vary due to extra curricular activities. This course information is accurate at time of printing however prices, conditions, course duration and commencement dates are subject to change without notice.

Please contact the Queensland School of Beauty Therapy for further information on course fees.

RECOGNITION OF PRIOR LEARNING (RPL) AND CREDIT TRANSFER

Students may apply through the Principal for RPL or Credit Transfer assessment of a subject based on formal training and/ or work experience and/ or life experience.

The Principal will arrange an interview time and a RPL/ Credit Transfer Assessor will conduct the RPL/ Credit Transfer assessment. You may choose to bring a support person with you for this interview if you wish. You will be advised of the result in writing. You cannot apply for RPL/ Credit Transfer after the course has commenced.

If you are a current or prior Queensland School of Beauty Therapy student you are eligible to apply for Recognition of Prior Learning or Credit Transfer.

Recognition of Prior Learning is an assessment process that assesses the individual's non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and/ or partial or total completion of, a qualification.

Credit Transfer assesses the initial course or subject that the individual is using to claim access to, or the award of credit in a destination course. Assessment determines the extent to which it is equivalent to the required learning outcomes, competency outcomes, or standards in a qualification. This may include credit transfer based on formal learning this is outside the AQF framework.

APPLICATION FORM 1.3 – CONFIDENTIAL

SURNAME _____ GIVEN NAMES _____
 ADDRESS _____
 _____ POST CODE _____
 HOME TEL. _____ WORK TEL. _____ MOBILE TEL. _____
 EMAIL _____ DATE OF BIRTH _____
 EDUCATION STANDARD _____ SCHOOL _____ YEAR _____
 SUBJECTS STUDIED AT SCHOOL & RESULTS ACHIEVED _____

OTHER EXTERNAL STUDIES _____

DETAILS OF ANY EXPERIENCE IN THE HEALTH AND BEAUTY INDUSTRY (Please give details of duration, name of employer or course, subjects covered and position held) _____

HOBBIES AND INTERESTS _____

REFERENCES (PLEASE ATTACH TWO WRITTEN CHARACTER REFERENCES) _____

1.NAME _____ PHONE _____

ADDRESS _____

2.NAME _____ PHONE _____

ADDRESS _____

ADDITIONAL INFORMATION WHICH MAY ASSIST US WITH THIS APPLICATION _____

ACCREDITED COURSE PREFERENCE (Please tick choice/s and indicate commencement date)

COURSE NAME	Full Time 5 days	Full Time 3 days	Corro Part Time	Corro	VET
SIB20110 Certificate II in Retail Make-up and Skin Care					
SIB20210 Certificate II in Nail Technology					
SIB30110 Certificate III in Beauty Services					
Option 1 <input type="checkbox"/>					
Option 2 <input type="checkbox"/>					
Option 3 <input type="checkbox"/>					
SIB40110 Certificate IV in Beauty Therapy					
SIB50110 Diploma of Beauty Therapy					
Option 1 <input type="checkbox"/>					
Option 2 <input type="checkbox"/>					
Option 3 <input type="checkbox"/>					

ACCREDITED SHORT COURSE PREFERENCE (Please tick choice/s and indicate commencement date)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Make-up | <input type="checkbox"/> Advanced Facials | <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Acrylic Nails |
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Body Massage | <input type="checkbox"/> Spa Therapies | <input type="checkbox"/> Nail Art |
| <input type="checkbox"/> Lash & Brow | <input type="checkbox"/> Reflexology | <input type="checkbox"/> Brazilian Waxing | <input type="checkbox"/> Micro-Dermabrasion |
| <input type="checkbox"/> Manicure & Pedicure | <input type="checkbox"/> Body Treatments | <input type="checkbox"/> Spray Tanning | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Mini Facials | <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Stone Therapy | <input type="checkbox"/> Gel Nails | |

Commencement Date: _____

Do you have any special requirements/needs (eg. hearing or sight impairment, disability) which we can take into account within the provision of the course? _____

I declare that I have personally completed the above information and that it is true and correct

Signature _____

Parent/ Guardian signature required if student is under 18 years and is responsible for payment of tuition fees.

Parent/ Guardian signature _____

NAME _____

ADDRESS _____

POST CODE _____

(H) ☎ _____ (W) ☎ _____ (M) ☎ _____