

# 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 & BEAUTY INDUSTRY (please give details of duration, name of employer or course, subjects covered and position held) \_\_\_\_\_

HOBBIES & INTERESTS \_\_\_\_\_

REFERENCES (PLEASE ATTACH TWO WRITTEN CHARACTER REFERENCES)

1. \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

2. \_\_\_\_\_ NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

ADDITIONAL INFORMATION WHICH MAY ASSIST WITH THIS APPLICATION \_\_\_\_\_

COURSE NAME	Full Time	Full Time
	5 days	3 days
Certificate II in Retail Cosmetic Services		
Certificate II in Make-up Services		
Certificate II in Nail Technology		
Certificate III in Beauty Services		
Certificate IV in Beauty Therapy		
Diploma of Beauty Therapy		

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

- |  |   |
|--|---|
| <input type="checkbox"/> Mini Facials _____        | <input type="checkbox"/> Facials _____      |
| <input type="checkbox"/> Advanced Facials _____    | <input type="checkbox"/> Waxing _____       |
| <input type="checkbox"/> Lash & Brow _____         | <input type="checkbox"/> Massage _____      |
| <input type="checkbox"/> Advanced Massage _____    | <input type="checkbox"/> Aromatherapy _____ |
| <input type="checkbox"/> Pierce Ears _____         | <input type="checkbox"/> Gel Nails _____    |
| <input type="checkbox"/> Manicure & Pedicure _____ | <input type="checkbox"/> Other _____        |

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 the above is true and correct  
 Signature \_\_\_\_\_

TEL> 07 3371 2055 (Intl: +61 7 3371 2055)  
 FAX> 07 3371 2927 (Intl: +61 7 3371 2927)  
 EMAIL> info@qsb.com.au



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 \_\_\_\_\_

HOME TEL \_\_\_\_\_ WORK TEL \_\_\_\_\_ MOBILE TEL \_\_\_\_\_

TEL> 07 **3371 2055** (Intl: +61 7 3371 2055)  
FAX> 07 **3371 2927** (Intl: +61 7 3371 2927)  
EMAIL> [info@qsb.com.au](mailto:info@qsb.com.au)



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