

E-HAIR SALON & ACADEMY

APPLICATION FORM

PLEASE COMPLETE AND RETURN TO RESERVE YOUR
INTERVIEW SLOT

Company Reg. No 4931932

FORENAME: **SURNAME:**.....

ADDRESS:

.....

.....

CONTACT NUMBERS:

EMAIL ADDRESS:

DATE OF BIRTH: **NATIONAL INSURANCE NUMBER:**

NEXT OF KIN/ EMERGENCY CONTACT DETAILS:

.....

SCHOOL ATTENDED: **LEAVING DATE:**

DO YOU HAVE ANY GSCE QUALIFICATIONS? YES NO **Maths Grade -** **English Grade -**

HAVE YOU PASSED FUNCTIONAL SKILLS IN MATHS ? YES NO

HAVE YOU PASSED FUNCTIONAL SKILLS IN ENGLISH? YES NO

HAVE YOU PREVIOUSLY COMPLETED ANY HAIRDRESSING/ BEAUTY COURSES? YES NO

IF YES – AT WHAT LEVEL? Level 1 Level 2 Level 3

WHY ARE YOU PARTICULARLY INTERESTED IN HAIRDRESSING AND WHAT DO YOU HOPE TO GAIN FROM THE COURSE?

.....

.....

WHAT ARE YOUR HOBBIES/ INTERESTS:

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.....

.....

ETHNIC GROUPING:

Ethnic grouping does not refer to your country of birth but to the racial group to which you feel you are a member, based on Classification recommended by the commission for racial equality 1988.

I WOULD DESCRIBE MY ETHNIC GROUP AS:

- WHITE BLACK-AFRICAN BLACK – OTHER (please specify)
- INDIAN PAKISTANI OTHER (please specify)
- CHINESE BLACK – CARIBBEAN

DISABILITY:

THE DISABILITY DISCRIMINATION ACT 1995 DEFINES A PERSON AS HAVING A DISABILITY IF HE/SHE HAS A PHYSICAL OR MENTAL IMPAIRMENT WHICH HAS A LONG TERM ADVERSE EFFECT ON HIS/HER ABILITY TO CARRY OUT NORMAL DAY TO DAY ACTIVITIES.

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY? YES NO

IF YES – PLEASE TICK THE CATEGORY OR CATEGORIES THAT APPLY TO YOU:

- HEARING IMPAIRMENT VISUAL IMPAIRMENT SPEECH IMPAIRMENT
- MOBILITY IMPAIRMENT PHYSICAL CO-ORDINATION DIFFICULTIES
- REDUCED PHYSICAL CAPACITY LEARNING DIFFICULTIES MENTAL ILLNESS

OTHER (please specify)

All applicants are asked to answer questions on disability for monitoring purposes only. The information you give will be held in confidence and will not form any part of the selection process.

PLEASE WRITE A SHORT PERSONAL STATEMENT ABOUT YOURSELF:

ARE YOU AWARE OF YOUR COMMITMENT TO THE PROGRAMME? YES NO

SIGNATURE:

DATED:

ACADEMY OFFICE
484 BABBACOMBE ROAD
TORQUAY
DEVON
TQ1 1HN

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