E-Salon Academy

Apprentice Application

Apprentice Application

Apply to join an apprenticeship with one of our partner salons. Complete this form and return to **info@e-salon.co.uk** or hand it in at the academy.

About you

Full name

Date of birth

Address

Postcode

Phone

Email

What you'd like to train in

- ☐ Hair Professional (Level 2)
- ☐ Barbering Professional (Level 2)
- ☐ Advanced & Creative Hair Professional (Level 3)
- ☐ Not sure — happy to discuss

Education & experience

Most recent school / college

Highest qualifications (subject and grade)

Any salon or customer-service experience? (Saturday job, work experience, etc.)

Employment

- ☐ I'm already employed in a salon — I'd like to start an apprenticeship with my current employer.
- ☐ I'm not yet employed — please help match me to a partner salon.

If currently employed, salon name & contact

About you in your own words

Tell us why you want to work in the industry. A few lines is plenty.

Anything we should know

Any access, learning or wellbeing needs we can support? You can also raise these privately later.

Signed

Date

Under 18? Please ask a parent or guardian to countersign.

Signed

Date