E-Salon Academy

Employer Enquiry

Employer Enquiry Form

For salons interested in taking on an apprentice or accessing training through E-Salon Academy. Complete and return to **info@e-salon.co.uk**.

Your salon

Salon name

Trading name (if different)

Address

Postcode

Number of staff

Main contact

Full name

Role

Phone

Email

What you're interested in

- ☐ Taking on a new apprentice
- ☐ Putting an existing staff member through a qualification
- ☐ Short-course / CPD training for the team
- ☐ A conversation about what's possible

Preferred standard / level

Preferred start date

Funding

- ☐ We pay the apprenticeship levy
- ☐ We don't pay the levy (small employer co-investment route)
- ☐ Not sure — please advise

Anything else we should know

Signed

Date