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ACADEMY OF EXCELLENCE HAIR DESIGN & AESTHETICS LTD • www.academyofexcellencevictoria.com

## Information Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Names, Phone Numbers and Relationship \_\_\_\_\_

**Applicants must be at least 19 years of age or have a Grade 12 Diploma or equivalent.**

**I am interested in:**  Hair Design Program **Beginning:**  January  
 Esthetic/Spa Therapy Program  May  
 September

**Finances:**  I would like to apply for a BC/Canada Student Loan.  
 I am obtaining a loan through other means of \_\_\_\_\_  
 I am paying for the course through my own finances.  
 Other \_\_\_\_\_

**Education:**  High School  
 Diploma, please specify \_\_\_\_\_  
 Undergraduate Degree, please specify \_\_\_\_\_  
 Graduate Degree, please specify \_\_\_\_\_  
 Other, please specify \_\_\_\_\_

Additional education and/or experience that may relate to the study of cosmetology:  Yes  
 No  
 Please specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How would you rate your academic abilities?  Fair  Good  Excellent

Are you 19 years or older?  Yes  No

Do you have a Grade 12 Diploma or equivalent?  Yes  No

over ↘

Do you have any health issues/problems that would prevent you from receiving or giving cosmetology treatments?

Yes  No

Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to stand for long periods of time?

Yes  No

Please specify \_\_\_\_\_  
\_\_\_\_\_

Do you have normal hand/eye coordination, colour vision?

Yes  No

Please specify \_\_\_\_\_  
\_\_\_\_\_

**General Interests:**

How did you decide that you wanted to be in the Cosmetology industry?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Academy of Excellence?

- Reputation
- Website, please specify which \_\_\_\_\_
- Magazines, newspapers, please specify \_\_\_\_\_
- Referral, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_

Completed by:

\_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Date

Acceptance as a student at the Academy of Excellence is subject to:

- our admission requirements being met
- a successful interview with our Registrar
- passing the admissions exam
- signing of our contract
- receipt of the \$250 registration fee.

We look forward to meeting you!