

The International College of Beauty
By
Mairin G
APPLICATION FORM 2016 - 2017

PERSONAL DETAILS

COURSE TITLE _____ START DATE: _____

FIRST NAME: _____ SURNAME: _____

ADDRESS: _____ MOBILE NO: _____

HOME NO: _____

EMAIL: _____

DATE OF BIRTH: _____ OCCUPATION: _____

DEPOSIT GIVE YES/NO IF YES _____ EUROS CASH OR CHEQUE
(Deposits are non-refundable)

EDUCATION DETAILS

SCHOOL/COLLEGE: _____

RESULTS: _____

DO YOU HAVE ANY SPECIAL LEARNING NEEDS (DYSLEXIA/DIFFICULTY SPELLING) IF YES,
PLEASE GIVE DETAILS: _____

If student is under 18, please have Guardian Sign: _____

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