



NAI L LOUN GE
T R A I N I N G

A P P L I C A T I O N F O R M 2 0 2 0

F O R S T A F F U S E O N L Y

Date
Name of Interviewer
Qualification
Course Code
Candidate ID Check
Drivers Licence Passport National Insurance Card

Interviewer Signature
Candidate Accepted Candidate Declined
Reason for decline

S E C T I O N 1 . C O U R S E I N F O R M A T I O N

Course applied for
Why would you like to study this programme?

When are you available to start?
How did you hear about us?
Google Youtube Internet Social media
Flyer Prospectus Friend Word of mouth
Other

S E C T I O N 2 . P E R S O N A L D E T A I L S

Title
Mr Mrs Miss Ms Other
First Name (s)
Surname
Other
Sex
Male Female
Date of birth

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Age on the 31st August of this year
Country of birth

Home phone number
Mobile number
Email address
Postcode
National Insurance Number | | | | | | | |
Do you hold a Drivers Licence
Yes No
Occupation (if applicable)
If you are under the age of 19, please can you give the name of your last Secondary School?

SECTION 2. PERSONAL DETAILS (CONTINUED)

Nationality

Ethnic origin

Next of Kin

Relationship

Phone number

Residence Status

If No

Do you reside in the UK?

Where do you currently reside?

Yes No

How long have you resided at that country / address?

If Yes

Where did you reside before your arrival to the UK?

Have you lived in the UK / EU for more than 10 years?

Have you lived in the UK/ EU for the last 5 years? Yes No

Yes No

If no, please specify country and address.

What is your status in the UK? For example, British Citizen, EU citizen

Please specify other

Date of Entry into the UK?

What is your status in the UK? For example, British Citizen, EU citizen

Please specify other

Criminal Convictions

Do you have any criminal convictions? If yes, please specify.

Yes No

Allergies, Medication, Disabilities & Learning Disabilities

Do you have any allergies? If yes, please specify.

Please give details of any allergies, medical or skin conditions that may be relevant to the work you will be required to carry out during your time on programme.

Yes No

Are you undertaking any medication? If yes, please specify.

Do you have any Disabilities? If yes, please specify.

Yes No

Yes No

Are there any reasonable adjustments which you feel should be made to the interview / enrolment process to assist you in your chosen qualification to study? If yes, please specify.

Do you have any learning Disabilities &/or Difficulties? If yes, please specify.

Yes No

Yes No

Are you pregnant?

Yes No

If yes, please specify EDOB (Expected Date of Birth)

SECTION 3. EDUCATIONAL DETAILS

* Please include any Short Courses or Day Courses – please note previous grades will NOT affect your opportunity to study with Nailounge Training.

Dates		Subjects Studies
From	To	
School / Colleges / Universities		Examination Results / Level / Grade attained

SECTION 4. EMPLOYMENT DETAILS

Are you currently in employment? If yes, please complete criteria below for your current employment.

Yes No

Company name	Email
Nature of business	Date of employment
Contact name	Full time / Part time
Phone number	Length of employment with Company
Address	Duties & Responsibilities

SECTION 5. PERSONAL STATEMENT

What are your interests?	What interests you about Beauty Therapy / Nails / Make Up?
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What key qualities do you have?	Why have you chosen this course?
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Do you have access to On-line facilities and a Printer?

Yes No

What do you know about Beauty Therapy / Nails / Make Up?

Do you have any Beauty Therapy / Nails / Make Up experience?
If yes, please specify.

Yes No

What do you struggle with the most in theory?

SECTION 6. DECLARATION

Signature

I declare that all information given on this document is to the best of my knowledge, true and complete. I understand that my application may be rejected or dismissed for withholding relevant details or submitting false information.

Date

THANK YOU FOR YOUR
APPLICATION

*Please provide your Passport, Divers Licence and National Insurance Card for Completion of Application



NAILLOUNGE
TRAINING

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Vtct
Approved Centre