



# Student Profile

## Esthetics Program Application Form

SENNIYO AESTHETICS INTERNATIONAL SCHOOL OF CANADA INC.

www.SenniyoBeautySchool.com

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

Date of Birth \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

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

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

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

E-Mail \_\_\_\_\_

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

Please list two contacts in the event of an emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please select one of the following:

I am applying as a  Canadian Citizen  Landed Immigrant  Foreign Student

I would like to study for:  Full time:  (A) Mon ~ Fri  (B) Mon ~ Sat

Part time:

\_\_\_\_\_ (Please fill in the schedule)

### PROGRAM INTEREST

I would like to apply for the following program (please check your choice)

Esthetics Program Starting On \_\_\_\_\_  
 Nail Technology Program Starting On \_\_\_\_\_  
 Other: please specify Starting On \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

Please check the appropriate box below:

I am paying for the course through my own finances  Other \_\_\_\_\_

Payment Plan: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_ Outstanding Balance: \_\_\_\_\_

\$100 registration fee can not be refund or exchanged. Pay by:  Cash  Visa  MasterCard  A/E  Cheque

Card No: \_\_\_\_\_ Expire Date: \_\_\_\_\_

EDUCATIONAL INFORMATION

Did you graduate from high school?

- Yes  No

Did you attend a Post Secondary Institution?

- Yes  No

If yes, please tell us where: \_\_\_\_\_

\_\_\_\_\_.

What level of education?

(please specify area of study and name of institution)

- High School
 Diploma, please specify \_\_\_\_\_
 Undergraduate Degree, please specify \_\_\_\_\_

- Graduate Degree, please specify \_\_\_\_\_
 Other, please specify \_\_\_\_\_

Do you have any education or experience that may relate to the study of Esthetics?

- Yes  No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_.

Have you studied anatomy or physiology?

- Yes  No

If yes, how advanced were your studies? \_\_\_\_\_

\_\_\_\_\_.

HEALTH

Do you have any health issues/problems that the school should be aware of ?  Yes  No

If yes, please specify \_\_\_\_\_

Are you taking any medications that the school should be aware of?  Yes  No

If yes, please specify \_\_\_\_\_

Do you have normal hand/eye coordination?

- Yes  No

Do you have any allergies or skin sensitivities that would prevent you from receiving Esthetic treatments (ie. psoriasis, excema)?

- Yes  No

If yes, please specify \_\_\_\_\_

Interviewed by:

Name of Interviewer (please print) signature of Interviewer

GENERAL INTEREST

Have you applied make-up or skin care to others?

- Yes  No

Have you ever experienced a spa treatment (ie. facial, manicure, massage)?

- Yes  No

How did you decide that you wanted to be an Esthetician?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_.

What area of Esthetics appeals to you the most?

- Promotion of health
 Involvement with the medical field
 Nurturing/caring dynamics
 Business development potential
 Other, please specify \_\_\_\_\_

How did you hear about Senniyo School?

- Reputation
 Advertising, please specify \_\_\_\_\_
 Internet
 Magazines/ Newspaper, please specify \_\_\_\_\_
 Referral, please specify \_\_\_\_\_
 Other, please specify \_\_\_\_\_

Why did you choose Senniyo School?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_.

This application has been completed by:

Name of Applicant (please print) signature of Student