



# Student Profile

## Aesthetics Program Application Form

*SENNIYO AESTHETICS INTERNATIONAL SCHOOL OF CANADA INC.*

*Website: www.SenniyoBeautySchool.com*

*Email: info@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  Permanent Resident (PR)  Foreign Student

### PROGRAM INTEREST

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

- Esthetics Program Starting On \_\_\_\_\_
- Nail Technology Program Starting On \_\_\_\_\_
- Professional Aesthetics, Nail & ESL Program Starting On \_\_\_\_\_
- Other: please specify Starting On \_\_\_\_\_

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 aesthetics?

- 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 Aesthetic 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 Aesthetcian?

\_\_\_\_\_

What area of Aesthetics 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