



**ENROLMENT APPLICATION FOR ONE ON ONE TRAINING**

Welcome to The Makeup School. The purpose of this enrolment form is to get from you the information we need to enrol you in one on one training at our school. Please fill in the form properly by:

- \*Completing all sections of the form and signing the form.
- \*Sending in your non-refundable registration fee of NZ\$200. This will secure your dates for training. The balance of your quoted fee will need to be paid one week prior to your training due date.

Payments can be made either by cheque to:  
The Makeup School. P.O. Box 147383, Ponsonby, Auckland.  
Or by Direct credit into ASB account: 12 3019 0715739-00.  
Please quote: Particulars: TMS, 'Code' ' one on one, Reference; 'your name'.

**PERSONAL DETAILS**

Name: (first name) ..... (Last name) .....

Preferred name: ..... Date of Birth: (optional) / /

Email address: .....

Home Number: ( ) ..... Mobile Number: .....

Address: .....  
.....

Current Occupation: .....

Please describe in brief details of the training you are interested and the

Dates .....  
.....  
.....

Do you have any medical conditions or health issues? Yes/No (circle one)

Details if applicable: .....  
.....

In case of emergency please give contact details of your next of kin  
.....  
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**DECLARATION** I confirm all the information in this application form is true and correct to the best of my knowledge and belief. I will inform the school if there are any changes to the details of this application. I understand that the withholding of relevant information or the giving of false information may result in termination of enrolment.