

Enrolment Form

Name: Address:

Tel: Mobile:

Email Address:

Date of Birth:

How did you hear about Bronwyn Conroy Beauty Schools:

Trade Magazine Website Internet Search Engine/other website

Workplace Friends/Family Other

Please provide details

Educational Record:

School/College:	Achievement
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Do you suffer from any learning disability or disorder? Please give details:

Previous Work/Life Experiences:

Please detail your three most recent occupations listing the most recent one first:

Dates:	Details:
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Health Record:

1. Do you or have you suffered from any of the following:

Skin Diseases Heart Condition Viral Infections

Diabetes High/Low Blood Pressure Nervous Disorders

If you answered 'yes' to any of the above, please give details:

2. Do you have any allergies? Please give details:

Date Course Commences:

Deposit Fee*:

*Please note Fees and Deposits are strictly non-refundable and non-transferable.

I HAVE READ AND AGREE TO ABIDE BY THE BRONWYN CONROY TERMS OF ENROLMENT AND COLLEGE REGULATIONS.

Signed: by the Applicant

Signed: Parent/Guardian if under 18

ALL DETAILS PROVIDED TO BRONWYN CONROY BEAUTY SCHOOLS ARE STRICTLY CONFIDENTIAL