

# best.

## HAIR & BEAUTY

### Certificate II in Retail Make-up and Skin Care | SIB20110

*Kiama Community College Inc. will shortly commence 'Certificate II in Retail Make-up and Skin Care'. This course is suitable for anyone wishing to step into the Retail, Make-up or Beauty Therapy industry. With the skills you acquire in this course, you can contract or set up a mobile or freelance make-up business catering for weddings, formals, special occasions, cosmetic department's stores or work in glamour shot photography makeup.*

**Commences:** Thursday 18<sup>th</sup> February 2016

**Concludes:** Friday 20<sup>th</sup> May 2016

**Attendance:** Thursdays & Fridays 9.30am-4pm for 12 weeks

**Venue:** Flawless Makeup Academy, Suite 20-21, Level One  
2 Memorial Drive, Shellharbour City Centre, 2529

#### Core Units:

- SIBBFAS201A Demonstrate retail skin care products
- SIBXCCS201A Conduct financial transactions
- SIRXCLM001A Organise and maintain work areas
- SIRXCOM001A Communicate in the workplace
- SIBXFAS201A Design and apply make-up
- SIRXIND001A Work effectively in a retail environment
- SIRXMER001A Merchandise products
- SIRXOHS001A Apply safe working practices
- SIRXRPK002A Recommend hair, beauty and cosmetic products and services
- SIRXSLS001A Sell products and services

#### Elective Units:

- SIBXCCS202A Provide service to clients
- SIBXFAS202A Design and apply make-up for photography
- SIBBSKS302A Apply cosmetic tanning products
- SIBBNLS201A Work in a nail services framework
- SIBBNLS202A Provide manicure and pedicure service

\*This course is subsidised by the NSW Government. You may also be eligible to access a fee-free scholarship. Visit [www.smartandskilled.nsw.gov.au](http://www.smartandskilled.nsw.gov.au) for more information



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**ILLAWARRA  
SUBSIDISED  
COURSE!\***

## Client Referral

**Email Referral Forms To: [info@kcc.nsw.edu.au](mailto:info@kcc.nsw.edu.au)**  
**Please call the College to confirm course availability**



*This form is to be used for the purpose of referring clients with the intention of enrolling them in an approved training program*

### Section A – Please complete all fields below with participant’s details

<b>Job Seeker’s Details:</b>		Employment Service Provider Client ID:		Centrelink Ref #:			
First Name:			Surname:				
Address:			Suburb:				
Postcode:		State:		Mobile:			
Gender (Male/Female):			Phone Number:				
Email:				D.O.B.:			
What is your client’s residency status?			Australian citizen:	<input type="checkbox"/>	Australian Permanent resident:	<input type="checkbox"/>	
Humanitarian visa holder:	<input type="checkbox"/>	New Zealand citizen:	<input type="checkbox"/>	Other – please specify		<input type="checkbox"/>	
Is the client an Aboriginal or Torres Strait Islander?			Yes:	<input type="checkbox"/>	Please specify:	No:	<input type="checkbox"/>
Does the client have a disability?		Yes:	<input type="checkbox"/>	If Yes, please specify disability assessment type:		No:	<input type="checkbox"/>
				<ul style="list-style-type: none"> <li>• Recipient of disability support pension <input type="checkbox"/></li> <li>• Assessed by medical Practitioner, an appropriate government agency or person, or a specialist allied health professional as a student with disability <input type="checkbox"/></li> </ul>			
Is the client a dependent child or spouse of a person in receipt of a disability support pension				Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Has the client been unemployed long-term ie over 12 months				Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are you living in NSW social housing; or are you or your household on the NSW Housing Register				Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

### Section B – Proof of Eligibility

#### **Evidence Required on Request**

**The client understands that evidence of citizenship must be produced on request, including one of the following:**

- Original Birth certificate, or Certified copy of same
- Original Australian or New Zealand Passport or Certified copy of same
- Green Medicare card
- Naturalisation Certificate
- Humanitarian Visa
- Certificate of Evidence of Resident Status (CERS)
- For Aboriginal or Torres Strait Islander students, the student signature of proof of Aboriginality required for a fee exemption will be accepted as proof of citizenship

#### **The following are required to be submitted/recorded with Application**

- Copy of CRN card
- USI number recorded ..... ..

### Section C – Education

Is the client still at school? <b>Note: Only eligible for CSO if still at school</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	What year did the client finish school?		
What is the highest COMPLETED school level?	Year 8 <input type="checkbox"/>	Year 9 <input type="checkbox"/>	Year 10 <input type="checkbox"/>	Year 11 <input type="checkbox"/>	Year 12 <input type="checkbox"/>
Has your client achieved any qualifications since turning 17?	Yes: <input type="checkbox"/> (while still at school) <input type="checkbox"/> (after leaving school ie post school qualification)	No: <input type="checkbox"/>			
If 'Yes', what is the highest level of <b>post</b> school qualification achieved?					
Bachelor Degree or Higher degree <input type="checkbox"/>	Advanced Diploma or Associate Diploma <input type="checkbox"/>		Diploma <input type="checkbox"/>	Certificate IV <input type="checkbox"/>	
Certificate III <input type="checkbox"/>	Certificate II <input type="checkbox"/>	Certificate I <input type="checkbox"/>		Other <input type="checkbox"/>	
Please specify the name of the qualification obtained:					
Has your client registered or is intending to be registered in an apprenticeship or traineeship for the selected/referred qualification in NSW?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Has your client undertaken any other Smart & Skilled Qualification this calendar year?					
Yes: <input type="checkbox"/>	(please specify course completion details)				No: <input type="checkbox"/>

### Section D – Please complete all fields below with the referring agency's details

Job Services Australia <input type="checkbox"/>	Private Provider <input type="checkbox"/>	Fee for Service <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please provide details:			
Employment Service Provider Organisation / ID:			
Postal Address:			
Contact Name:			
Office Phone:		Employment Service Provider Referral ID:	
Email:			
Purchase Order Number:			

	Full Name	Signature	Date
<b>Agency Representative</b>			
<b>Client:</b>			

*Note: Please ensure that all questions are answered on this client referral form. Any missing details about your client(s) may result in your referral not being processed. Client details are kept confidentially. If you have any questions regarding this form, please contact the Kiama Community College on (02) 4232 1050 or the Shoalhaven Community College on (02) 4423 0351.*

**ENSURE ALL DOCUMENTATION HAS BEEN PROVIDED TO KIAMA COMMUNITY COLLEGE WITH CLIENT REFERRAL EITHER BY POST, EMAIL OR HANDED IN TO: [info@kcc.nsw.edu.au](mailto:info@kcc.nsw.edu.au) OR PO box 52 Kiama Community College Kiama NSW 2533**

**Contact the College for a fee guide for this course.**