

INSPIRE HAIR AND BEAUTY TRAINING SALON Application Form

Please complete this form in BLOCK CAPITAL letters and return to:

Hair & Beauty Department, The Joseph Rowntree School, Haxby Road, York, YO32 4BZ

Student information

Legal Surname-				
Legal Forenames-		Preferred Forename-	-	
Date of Birth-		Gender please tick-	Male O	Female O
Address (inc postcode)				
Home Telephone-				
Student Mobile-				
Email address-				
	ve information to contact you i	n writing or by telephone, v	we would be gra	nteful if you would
	ct the school in the event of ar	ny changes to the informati	on we hold.	
Current School-				
Parent / Carer information	_			
Parent / Carer salutation-				
Relationship with student	 [-			
Address (inc postcode)				
Home Telephone-	Mobile & Name –			
	Mobile & Name-			
Email address-				
Course information				
Please tick the course(s) yo	ou wish to apply for			
Full Time - Level 2 Diplom	a in Women's Hairdressin	g		
	na in Beauty Specialist Tec			
	ned Hairdressing and Beau			
Full Time - Level 3 Diplom	a in Women's Hairdressin	σ		