



Please print clearly using block letters and a ballpoint pen. All sections must be completed.

Surname [] First names []

Previous surname (if applicable) []

Permanent address and postcode []

[]

Home phone [] Mobile phone []

NZQA number [] Email []

Employer name []

Salon name []

Salon address and postcode []

[]

Salon phone number []

Where would you like your results sent to? []

[]

Date of birth Day [] Month [] Year [] Male Female

I was assessed as "More Evidence Required" for Unit Standard 2759 at

Place of assessment [] Date []

<i>Please tick the element(s) that you are resitting</i>	Apprentice or QbyE in NZARH salon	Non Apprentice or QbyE in a non NZARH salon
--	--------------------------------------	--

Element 1 Client service	\$40.00 <input type="checkbox"/>	\$80.00 <input type="checkbox"/>
---------------------------------	----------------------------------	----------------------------------

Element 2 Commercial service	\$100.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
-------------------------------------	-----------------------------------	-----------------------------------

Please note: If you are required to resit your assessment you must do so within 18 months of your original assessment,

TOTAL PAID \$ [] Receipt required Yes No (Please note this fee is non-refundable)

Fees to accompany application. Cheques to be made out to **HITO**.

I declare that the above particulars given are correct.

Candidate's signature [] Date []

Now please post to: **HITO
PO Box 1575
CHRISTCHURCH 8140**

Office Use Only
 Apprentice Non Apprentice/QbyE Other units checked & registered Association Member/Salon

SLM signature [] Receipt # [] Date paid []