



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 [ ]

Please tick the element(s) that you are resitting

|                  |                    | Apprentice or QbyE<br>in NZARH salon | Non Apprentice or QbyE<br>in a non NZARH salon |
|------------------|--------------------|--------------------------------------|--|
| <b>Element 1</b> | Client service     | \$40.00 <input type="checkbox"/>     | \$80.00 <input type="checkbox"/>               |
| <b>Element 2</b> | 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 11 764,  
WELLINGTON 6142**

Office Use Only

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

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