



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 2757 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
<b>Element 1</b>	Perm service	\$75.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>
<b>Element 2</b>	Colour service	\$75.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>
<b>Element 3</b>	Long hair service	\$75.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>

Please note: If you are resitting the perm or colour elements, you will be required to use the same cutting and drying methods you used previously.

**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

Regional signature [ ] Receipt # [ ] Date paid [ ]