



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 []

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Tick the box if you are a NZ citizen or have permanent residence status
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Ethnic data Tick the box(es) next to the ethnic group(s) you belong to

<input type="checkbox"/> European/Pakeha	<input type="checkbox"/> Tongan	<input type="checkbox"/> Samoan	<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Niuean	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	
Other (please specify) []				

Apprentice or QbyE in NZARH salon \$125.00 Non Apprentice or QbyE in a non NZARH salon \$290.00 (Please tick appropriate box)

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 []