



Beauty Therapy Certification Application Form

TITLE: Mr Miss Mrs Ms

GENDER: Male Female

FAMILY NAME: _____

GIVEN NAMES: _____

ADDRESS: _____

SUBURB: _____

POSTCODE: _____

TELEPHONE DETAILS

WORK: _____

HOME: _____

MOBILE: _____

EMAIL: _____

Evidence required	Evidence provided (list the evidence attached)	Office use only
<p>Completion of a beauty qualification</p> <p><i>Please note that this certificate has been mapped on the NZ National Certificate in Beauty Services (Beautician) (Level 4) AND National Certificate in Beauty Services (Body Therapy) (Level 5) both qualifications are required. Copies of certificates must be signed by a Justice of the Peace (signed declaration).</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Current industry/salon work experience</p> <p><i>Evidence must prove 12 months salon experience post qualification and must include a statutory declaration.</i></p> <p><i>Evidence should include C.Vs with referees and may include testimonies, references etc.</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Professional development activities to maintain industry technical skills on a regular basis</p> <p><i>Evidence must be current and should include certificates of attendance/participation of workshops/seminars/trade shows, and may include industry association memberships, etc.</i></p> <p><i>This evidence is mandatory for qualified beauty therapists who do not work on a full time basis in a commercial beauty salon (i.e. beauty educators).</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

CANDIDATE SIGNATURE: _____

DATE: _____

Please submit this application with evidence attached to **HITO, PO Box 11764, Wellington 6142** with a cheque/money order for \$80.00. Please note that the \$80.00 is the administration fee and no refund will apply should the application not be successful. All information supplied is treated as **CONFIDENTIAL**.

