



# Beauty Therapy Certification Application Form

TITLE:       Mr    Miss    Mrs    Ms      GENDER:                       Male    Female    Other

FAMILY NAME: \_\_\_\_\_      GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_      POSTCODE: \_\_\_\_\_

TELEPHONE DETAILS      WORK: \_\_\_\_\_

HOME: \_\_\_\_\_      MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Evidence required	Evidence provided (list the evidence attached)	Office use only
<b>Completion of a beauty therapy qualification</b> <i>Please note that this certification has been mapped on the NZ Certificate in Beauty Therapy (Level 4) that includes the full range of services on clients. Copies of certificates must be signed by a Justice of the Peace (signed declaration).</i>	..... ..... ..... ..... .....	
<b>Current industry/salon work experience</b> <i>Evidence must prove 12 months salon experience immediately prior to or post qualification and must be signed by a Justice of the Peace (signed declaration).</i>  <i>Evidence should include C.Vs with references and may include testimonies.</i>	..... ..... ..... ..... .....	
<b>Professional development activities to maintain industry technical skills on a regular basis</b> <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>  <i>This evidence is <b>mandatory</b> for all applicants.</i>	..... ..... ..... ..... .....	

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**.

