

Bee Zee Institute of Beauty Therapy

Photograph

APPLICATION FORM

Please complete this form in **BLOCK** letters using black ink.

(You must complete all sections for the application to be accepted)

Section A		Personal Details	
First Name		Title (Mr / Mrs / Ms / Miss, Other)	
Surname		Other Names	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Place of Birth		Nationality	
Passport No.		PP Expiry Date	
UK Entry Date		Visa Expiry Date	
Visa Type (Where Applicable)	ILR <input type="checkbox"/> Other _____		
Contact Details			
Current Address		Overseas (Home) Address	
Telephone		Mobile	
E-mail		Fax	
Emergency Contact Details (Please tell us who you would like the college to contact in case of emergency)			
Name		Title (Mr / Mrs / Ms / Miss, Other	
Relation			
Address		Mobile	
		E-mail	
Course Details			
Course Name			
Awarding Body		Course Level	
Course Start Date		Course End Date	

Method of study	Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Day <input type="checkbox"/>	Evenings & Weekend <input type="checkbox"/>
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Section B

Qualifications (already obtained or expected)

Qualification	Institution	Start Date	End Date	Grade

Please forward a transcript (officially translated if not in English) of your degree results.

Work Experience

Please indicate details of your recent appointments (you may provide a CV instead for this section)

Organisation	Position Held	From	To

Section C

English Language Proficiency

Is English your first language? Yes / No

If English is not your first language, please state your qualifications.

Tests	Listening	Reading	Writing	Speaking	Overall	Expiry Date
IELTS						
TOEFL						
SAT						

Other (Please Specify)

Section D

Finance

Name and address of person or organisation responsible for paying fees (if not yourself) / SLC

Name		Title (Mr / Mrs / Ms / Miss, Other
Relation		

Section G**Disabilities**

By your own assessment, please tick appropriate box

- | | |
|--|---|
| <input type="checkbox"/> No known disability
<input type="checkbox"/> Special Learning Difficulty
<input type="checkbox"/> Autistic Spectrum Disorder
<input type="checkbox"/> Blind/partially sighted
<input type="checkbox"/> Deaf/hearing impairment
<input type="checkbox"/> Dyslexia | <input type="checkbox"/> Wheelchair user/mobility difficulties
<input type="checkbox"/> Personal care support
<input type="checkbox"/> Mental health difficulties
<input type="checkbox"/> Unseen disability e.g. diabetes
<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Other |
|--|---|

Section H**Referees****Referee 1**

Name		Title (Mr / Mrs / Ms / Miss, Other	
Institution/Company		Position / Job Title	
Address		Telephone	
		E-mail	

Referee 2

Name		Title (Mr / Mrs / Ms / Miss, Other	
Institution/Company		Position / Job Title	
Address		Telephone	
		E-mail	

I confirm that to the best of my knowledge, the information given in this form is correct and complete. I have read the terms and conditions and other policies of the college and agree to abide by them during my entire course of study. I agree to BZIBT of Beauty and Management processing personal data submitted in this application form, or any other data that the College may obtain from me to the processing for any purposes connected with my studies or my health and safety, or for any other legitimate reason (in accordance with the Data Protection Act 1998). I authorise BZIBT to issue my course result to my sponsor if my sponsor so requests. The Application form and copies of all supporting documents will be retained by BZIBT in case of an unsuccessful application for admission.

Applicant 's Signature		Date of Application	
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Note: All decisions by the College are taken in good faith on the basis of the statements made on your application form. If the College discovers that you have made a false statement or have omitted significant information on your application form, for example in examination results, it may withdraw or amend its offer, or terminate your registration, according to the circumstances. The information given on this application form will be electronically stored and used for administrative purposes by the College in accordance with the provisions of the Data Protection Acts 1984 and 1998.

FOR OFFICE USE ONLY

Application received Date		Student Number	
Course Applied For			
Start Date		End Date	
Offer Decision	Unconditional <input type="checkbox"/>	Conditional <input type="checkbox"/>	Reject <input type="checkbox"/>
(If conditional or Rejection please specify the condition or reason for rejection)			
Staff's Name and Signature			
Date			

Please send completed application form along with registration fee to
The Admissions Office,
BeeZee Institute of Beauty Therapy
23-33 The Parade- High Street
Watford -WD17 1LQ
Hertfordshire
Tel +44(0)1923249990 E-mail info@beezebeauty.co.uk
www.beezeecollege.com