



Student Application Form

Clinical Esthetics & Laser Technician Diploma Program

Date: _____ Class Date Applying For: _____
Year Month

Name: _____

Address: _____
Street City Prov PC

Telephone Number: () _____ () _____
Home Mobile

Email Address: _____

Personal Information

S.I.N.: _____ Birthday: _____
Month Day Year

Female ___ Male ___ Alberta Student Number: _____

Current Occupation: _____

Employer: _____
Company Name Street City Prov PC

Telephone Number: () _____

Highest Level of Education Completed: _____

Please Note: Official High School Transcripts must be supplied

Lab Coat Size: S M L XL Are you right or left-handed? Right Left
Special Order: 2XL 3XL

Please Note:

-Nose piercing / Facial Piercing-1 (one only) no larger than 2mm in diameter-clear/diamond or skin tone. _____(initial)-Earrings-maximum 2 studs (no hoops) per each ear, no larger than 5mm in diameter-gold, silver white or clear (as diamond or cubic zirc). _____ (initial) -Tattoos should be covered while providing a client service _____(initial)

Please list any visible piercings and/or jewelry that will need to be inspected and approved by school officials (including medical alert or religious jewelry) _____

Please check any of the following Health Conditions that apply:

- | | | | | |
|---------------------------------------|-------------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Heart/Stroke | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV | <input type="checkbox"/> MS |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure Disorders | | |
| <input type="checkbox"/> Other: _____ | | | | |

Allergies: _____



Will any of the mentioned Health Condition(s) prevent you from:

- i) Achieving 100% Attendance during your program? Yes No
- ii) Performing Services or Treatments on other Students, Models or Clients? Yes No
- iii) Receiving Services or Treatments from other Students, Estheticians or laser Technician? Yes No

Emergency Contact Person

Name: _____ Relationship to You: _____

Address: _____
Street City Prov PC

Telephone Number: (_____) _____
Home Mobile / Work

Email: _____

References

Please provide the names and daytime telephone numbers of three (3) references, such as past or current Employers, Instructors, Supervisors, Co-workers, or Friends. **(No relatives please)**

Reference #1: _____ Telephone Number: (_____) _____

Reference #2: _____ Telephone Number: (_____) _____

Reference #3: _____ Telephone Number: (_____) _____

Please answer the following questions:

How long have you considered taking an Esthetics & Laser Technician Program?

Why do you feel you would like to work in this profession?

Do you have any problems that would prevent you from attending class Monday – Friday? Yes No

If yes, please explain why. _____

Do have any learning disabilities or challenges that may make your learning difficult? Yes No

If yes, please explain. _____

As part of your training, students are required to practice the techniques and treatments they learn on each other as well as on models (Models, Clients and Guest under the age of 14 are prohibited in the Training Areas): . Students are not permitted to wear artificial nails during their training to ensure that all students benefit from practice on natural nails.



Are there Treatments and/or Services that cannot be performed on you for training purposes? Yes/No
If Yes, Please explain.

How did you learn about the EIE MediSpa & Laser Training Centre?

Referred by: _____

Name

Address

City/Town

Postal Code

Phone

Which month do you wish to apply for? January April August

Will you be applying for a student loan? Yes No

If not applying for a student loan what is your method of payment?

Major Credit Card Cash / Debit Money Order Business Cheque Other _____

Do you have any interviews with other esthetic schools? If so, which ones?

What are your career goals?

What are the three most important things an education facility can offer you?

Describe your personal strengths:



Describe your weakest traits:

Describe the character traits of a person you would find difficult to have as a colleague:

What are the most important attributes required to be a team player?

Do you have your own reliable transportation? Yes No

Can you maintain a full time schedule? Yes No

What do you want to gain from this education?

How would you define success?



Please attach and return within 14 days of receipt of this application form:

- 1) Copy of High School Transcript and highest level of education. (Diploma, Certificate)
- 2) Criminal Record Check
- 3) Up To Date Immunization Record
- 4) Successful Interview with School Administration

Once your application package has been reviewed you will be contacted by telephone.

Upon receipt of \$500.00 Registration Fee you will receive your Letter of Acceptance and supplies will be ordered.

**3.5% Surcharge will be added to any Credit Card Transaction over \$500.00 Card Holder Initials _____

By signing below and initialing all required areas, you are confirming that all information is true and understand and will comply by all Guidelines and Regulations.

Student Signature

Date

FOR OFFICE USE ONLY:

Date: _____ Totals Checked by: _____ Invoice Number: _____



Guidelines and Regulations

- All classes must be paid in full upon registration.
- Class hours are 8:30am to 4:30pm
- Punctuality and Attendance is Essential!
- Upon completion of a certified course, a Theory and Practical Exam will be conducted.
- Students must achieve 70% on the Theory and 80% on the Practical Exam in order to receive a Certificate.
- An Honors Certificate will be issued to students achieving 90% in both Theory and Practical Exam.
- Class dates are subject to change.

Models (Please see Model Requirement List):

(Models, Clients, and Guest under the age of 14 are prohibited in the Training Areas):

It is the responsibility of the student to acquire models for each class.

**See the Model Requirement List attached

Code of Conduct:

- 100% attendance is required to pass
- Please ensure cell phones are turned off during class. Calls may be made during breaks only.
- Incoming calls to EIE MediSpa are limited to emergencies only.
- Be prepared for class with notebook and pen.
- Supplies and product shall not be removed from the facility at any time. Any student found removing property from the facility without authorization will be expelled.
- The personal consumption of non-prescription drugs or alcohol in the facility is prohibited. Students found using alcohol or drugs on the premises will be expelled.
- Keep conversation at a quiet level at all times.
- Keep dialogue pleasant and professional.
- Do not leave class without notifying Instructor.
- Smoking is prohibited in the facility and 15 feet around the facility
- For the comfort of our clients, as well as to portray a professional image, no cigarette odor on clothes or breath will be permitted. For clothing use dryer sheets as well as a subtle body spray (keep in locker), and for breath - mouthwash or mints (no chewing gum).
- Lunch is ½ hour. Please bring a bag lunch. A refrigerator and microwave is available to store and heat lunches. Students are expected to clean up after themselves.
- No food, drinks or chewing gum are permitted in the classrooms and/or treatment area.
- Patient confidentiality is mandatory and will be discussed on the first day of class



School Uniform and Personal Appearance:

- Uniform – clean and pressed at all times. Stained uniforms require immediate replacement.
- Professional attire is mandatory:
 - Green Medical Scrubs(CCALT classes only purchased at Incredibly Comfortable Uniforms)
 - White Professional Lab Coat \$39.00+tax(S/M/L/XL) or \$49.00+tax (2XL/3XL)
- No sweat pants, yoga pants, jeans, designs, or logos are permitted. Black dress pants or Scrub Pants are required.
- Personal cleanliness, hygiene, and fresh breath.
- Hair fastened back and off face and collar at all times.
- Black flat, close-toe shoes must be kept clean, polished at all times. Soft soled shoes are to be worn in school.
- Jewelry is to be limited to wedding band, medical alert, watch and a maximum of 2 studs per ear. (Dangling or hoops are prohibited). Jewelry will need to be removed during treatments.
- Facial piercings should be replaced with a plastic retainer for personal safety.

Student Expectations:

- A student is expected to come to each class prepared and on time with all necessary supplies, textbooks, binders, complete uniform including hair and make-up as outlined in guidelines and regulations.

All EIE Students are eligible to receive a Student Benefit Card which allows them to purchase Professional products at Pro Beauty Group at a discounted rate, while attending EIE.



MODELS REQUIRED FOR CELT PROGRAM: *Instructors are to notify student one (1) week prior to class start date of exact model times.*

CELT:		FEE Per Model
Facial Level I & Level II	Models Required	4 Models @ \$20.00 per model
Manicure & Pedicure	Models Required	2 Models for Manicure, 2 Models for Pedicure @ \$10.00 per model
Microdermabrasion	2 Models	\$35.00 + tax; D2 = 1 Model AM, D3 = 1 Model PM
Chemical Peel	3 Model	\$35.00 + tax & Recommended Post Treatment Products; D4=1 Model AM, D5= 1 Model AM & 1 Model PM
Practical Exams on MDA & Chemical Peel	1 MDA model for 3 students 1 Chemical Peel model/ student	\$35.00 + tax & Recommended Post Treatment Products; D6=1 Model PM
Laser Hair Removal	2 Models	\$30.00+tax Underarm / \$45.00+tax Bikini Line/ \$20.00 Upper lip or chin/\$50.00+tax lower legs; D9=1 Model AM & PM, D10=1 Model AM, D11=1 Model AM & PM
Laser Vein Removal	1 Model	\$35.00 + tax (for 15 min) D11=1 Model AM
Laser Pigmentation/Sun Spot Removal/Laser Facial 1 & 2	1 Model 1 Model	\$35.00 + tax (for 15 min) D11=1 Model AM \$ 75.00 + tax(Maxilene included) \$ 60.00 +tax (client brings Maxilene) D12=1 Model AM
IPL Photo Facial	2 Model	\$ 50.00 + tax; D12=1 Model PM, D13=1 Model AM & 1 Model PM
Practical Exam LHR	1 Model lower legs/ class	\$ 50.00+tax; D15=1 Model AM
Tattoo Removal(Large black or dark blue tattoo preferably)	2 Models	50.00 +Tax Small / \$75.00+Tax Medium \$ 100.00+tax Large(price subject to change)

Note: CELT students may serve as models, however students are responsible to have models in place. Your instructor will inform with dates and times on the first day of class; also you will need to check with your instructor before scheduling any treatment, as a medical condition might have a contraindication.

I have read and acknowledge the model requirements, I also understand that it is my responsibility to find and schedule the models.

(Student Signature)

(Date)

(EIE Official Signature)

(Date)