



## Student Application Form – Full Time Esthetics 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 (Please Circle) Special Order: 2XL 3XL

Are you right or left-handed?  Right  Left

### 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:

Diabetes  Arthritis  Hemophilia  Phlebitis  Pregnancy  
 Heart/Stroke  Asthma  Hepatitis  HIV  Tuberculosis  
 Depression  MS  Seizure Disorders  Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will any of the above 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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City Prov PC  
Home Mobile / Work

Email: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

### 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 esthetics?

\_\_\_\_\_

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 European Institute of Esthetics?

\_\_\_\_\_



Referred by: \_\_\_\_\_

Which month do you wish to apply for?  January  May  September

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?

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How would you define success?

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

- 1) A 300 – 500 word essay to answer: Why do you want to become an esthetician?
- 2) Copy of High School Transcript and highest level of education. (Diploma, Certificate)

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

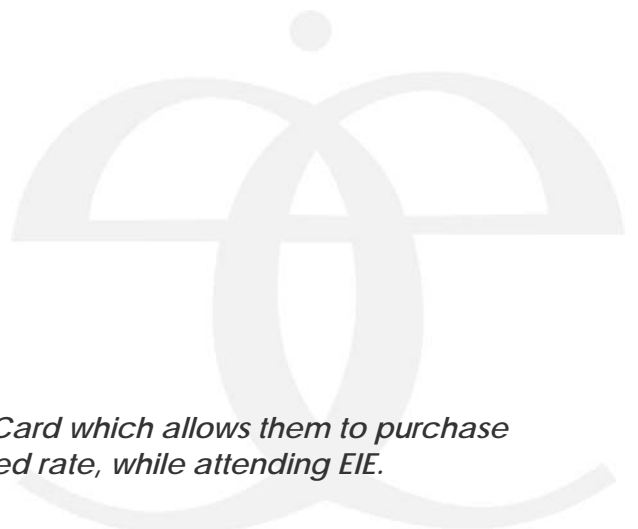
Upon receipt of \$500.00 Registration Fee you will receive your Letter of Acceptance, sign your Alberta Student Enrolment Contract and supplies will be ordered.

**\*\*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



*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.*