



FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL INSURANCE NUMBER (optional) \_\_\_\_\_

MAILING ADDRESS – APT # \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_

PROVINCE/STATE \_\_\_\_\_ POSTAL/ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Please list three contacts in the event of an emergency:

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

Please select one of the following:

- I am applying as a:
- Canadian citizen
  - Canadian Permanent Resident
  - International student (TOEFL or TOEC scores must be forwarded to the school or an internal English proficiency test will be administered)

**PROGRAM INTEREST**

All applicants must have completed Grade 12 or be at least 19 years of age.  
I would like to apply for the following program (please check your choice):

- Esthetics Day Program Starting On \_\_\_\_\_
- Esthetics Evening Program Starting On \_\_\_\_\_
- Other: please specify Starting On \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

Have you ever had any types of loans? (school, personal)  
 Yes  No  
If yes, please specify \_\_\_\_\_

Have you ever defaulted on a loan?  
 Yes  No  
If yes, please specify the type of loan default \_\_\_\_\_

Canadian citizens or Canadian Permanent Residents who have completed grade 12 or are at least 19 years of age are eligible for government financial assistance.

Please check the appropriate box below:

- I am paying for the course through my own finances
- I would like to apply for a BC/Canada Student Loan
- I am obtaining a loan through other means, please specify \_\_\_\_\_
- Other \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Did you graduate from high school?

- Yes  No

If yes, please tell us where: \_\_\_\_\_

Did you attend a Post Secondary Institution?

- Yes  No

If yes, please tell us where: \_\_\_\_\_

Transcripts:

- My high school or college transcripts are enclosed
- My transcripts will be forwarded by \_\_\_\_\_

What level of education?

(please specify area of study and name of institution)

- High School
- Diploma, please specify \_\_\_\_\_
- Undergraduate Degree, please specify \_\_\_\_\_
- Graduate Degree, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_

Do you have any education or experience that may relate to the study of Esthetics?

- Yes  No

If yes, please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you studied anatomy or physiology?

- Yes  No

If yes, how advanced were your studies?  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Do you have any health issues/problems that the school should be aware of?

- Yes  No

If yes, please specify \_\_\_\_\_

Are you taking any medications that the school should be aware of?

- Yes  No

If yes, please specify \_\_\_\_\_

Do you have normal hand/eye coordination?

- Yes  No

Do you have any allergies or skin sensitivities that would prevent you from receiving Esthetic treatments (ie. psoriasis, excema)?

- Yes  No

If yes, please specify \_\_\_\_\_

**GENERAL INTEREST**

Have you applied make-up or skin care to others?

- Yes  No

Have you ever experienced a spa treatment (ie. facial, manicure, massage)?

- Yes  No

Are you comfortable receiving Esthetics services from others?

- Yes  No

How did you decide that you wanted to be an Esthetician?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What area of Esthetics appeals to you the most?

- Promotion of health
- Involvement with the medical field
- Nurturing/caring dynamics
- Business development potential
- Other, please specify \_\_\_\_\_

How did you hear about Blanche Macdonald Centre?

- Reputation
- Advertising, please specify \_\_\_\_\_
- Internet
- Magazines/Newspapers, please specify \_\_\_\_\_
- Referral, please specify \_\_\_\_\_
- Other, please specify \_\_\_\_\_

Why did you choose Blanche Macdonald?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application has been completed by:

\_\_\_\_\_  
Name of Applicant (please print) Signature of Student

\_\_\_\_\_  
Name of parent or guardian (please print) Signature of parent or guardian  
if applicant is under 19 if applicant is under 19

\_\_\_\_\_  
Date

Upon receipt of completed application and acceptance into the college, students must provide the appropriate enrollment fee. An official enrollment agreement will be issued and your name added to the list for the program/course of your choice.

Note: Course offerings, schedules, tuition fees, facilities and faculty are subject to change without notice. We also reserve the right to cancel or postpone classes due to inadequate enrollment.