



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

Is English your primary language? Or have you taken a minimum 2 years full time study in English?

- Yes No

If no, TOEFL or IELTS scores must be forwarded to the school or an internal English proficiency test will be administered.

PROGRAM INTEREST

Must be high school graduate or 19 years of age or older at the start of the student's program of study.

Professional Hairstyling Foundations Program 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 Hair Design?

- Yes No

If yes, please specify _____

Have you studied cosmetology or trichology?

- 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 normal manual dexterity?

- Yes No

What is your dominant hand?

I am Left handed Right handed Ambidextrous

Do you have normal depth perception and colour vision?

- Yes No

Do you have a full range of motion in your shoulders/ arms/ neck/wrists?

- Yes No

Are you comfortable standing for up to eight hours?

- Yes No

Do you have any allergies or skin sensitivities that would prevent you from giving any services? (psoriasis? Excema? Asthma? Emphysema?)

- Yes No

If yes, please specify _____

Have you ever had a reaction to a hair product, hair treatment or hair service?

- Yes No

GENERAL INTEREST

Have you received hair services in a salon?

- Yes No

Have you styled hair for anyone other than yourself?

- Yes No

Are you comfortable touching other's hair?

- Yes No

How did you decide that you wanted to be a hair stylist?

What have you discovered while you've researched the hair design industry?

Do you have an area of hair styling that appeals to you the most?

Do you have a favorite hair product brand?

Where do you get information on hair styles?

Do you prefer a job to be structured or flexible?

What area of Hair Styling appeals to you the most:
(check all that apply to you)

- Cutting
- Color
- Styling for weddings/ photographs/ fashion
- Hair competition
- Platform Artist
- Stylist for TV/Film
- Business development
- Nurturing/ caring
- 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.