



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

I would like to apply for the following program (please check your choice):

- Nail Day Program Starting On _____
- Nail Evening Program Starting On _____
- Other: please specify Starting On _____

PROGRAM DETAILS

This is a Diploma Program.

ADMISSION REQUIREMENTS

Applicants to the college must be a high-school graduate or a minimum of 19 years of age or older. It is essential that students who are applying to this program be comfortable with having and receiving Nail services, that they are in generally good health and are not taking any medications that may conflict with treatment objectives, have good depth perception, normal color vision and sufficient manual dexterity.

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 Nails?

- 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 wearing artificial nails?

- Yes No

If yes, please specify _____

GENERAL INTEREST

Have you ever given a manicure or pedicure to anyone?

- Yes No

Have you ever worn artificial nails??

- Yes No

If yes, which type(s)? _____

Are you comfortable receiving nail/hand and foot services from others?

- Yes No

How did you decide that you wanted to be a Nail Professional?

What area of the Nail Industry appeals to you the most?

- Nail art Gel
- Acrylic Airbrushing
- 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.