



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.

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

- Nail Day Program Starting On _____
 Nail Evening Program Starting On _____

PROGRAM DETAILS

This is a Diploma Program.

PROGRAM RECOMMENDATIONS

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.