

International Makeup Essentials

DID YOU KNOW THAT YOU CAN COMPLETE THIS APPLICATION FORM ONLINE? VISIT: WWW.BLANCHEMACDONALD.COM/APPLY

PROGRAM INTEREST

I AM APPLYING FOR THE INTERNATIONAL MAKEUP ESSENTIALS PROGRAM BEGINNING ON (LEAVE BLANK IF UNSURE):

PERSONAL INFORMATION

FIRST NAME

LAST NAME

PREFERRED NAME

DATE OF BIRTH (DAY / MONTH / YEAR)

GENDER, I IDENTIFY AS: FEMALE MALE CUSTOM:

THE PRONOUN(S) I USE: SHE / HER HE / HIM THEY / THEM CUSTOM:

MAILING ADDRESS

FULL ADDRESS

CITY

PROVINCE / STATE

POSTAL / ZIP CODE

COUNTRY

TELEPHONE

MOBILE

EMAIL

OCCUPATION

EMPLOYER

WHEN IS THE BEST TIME TO CONTACT YOU?

EMERGENCY CONTACT IN YOUR HOME COUNTRY

FIRST NAME

LAST NAME

TELEPHONE

MOBILE

LOCAL EMERGENCY CONTACT

FIRST NAME

LAST NAME

TELEPHONE

MOBILE

CITIZENSHIP AND LANGUAGE INFORMATION

PLEASE SELECT ONE OF THE FOLLOWING:

I AM APPLYING AS A / AN: CANADIAN CITIZEN CANADIAN PERMANENT RESIDENT INTERNATIONAL STUDENT

IS ENGLISH YOUR PRIMARY LANGUAGE, OR HAVE YOU TAKEN A MINIMUM TWO YEARS FULL-TIME STUDY IN ENGLISH?

YES NO*

*IF NO, TOEFL OR TOEC SCORES MUST BE FORWARDED TO BLANCHE MACDONALD CENTRE, OR AN INTERNAL ENGLISH PROFICIENCY TEST WILL BE ADMINISTERED.

FINANCIAL RESPONSIBILITY

HAVE YOU EVER HAD ANY TYPES OF LOANS (SCHOOL, PERSONAL)?

NO YES IF YES, PLEASE SPECIFY _____

HAVE YOU EVER DEFAULTED ON A LOAN?

NO YES IF YES, PLEASE SPECIFY THE TYPE OF LOAN DEFAULT _____

NOTE: ONLY CANADIAN CITIZENS AND PERMANENT RESIDENTS ARE ELIGIBLE FOR FEDERAL / PROVINCIAL STUDENT LOAN FUNDING. AS OF 2019, THE BC PORTION OF STUDENTS LOANS IS NOW INTEREST-FREE.

PLEASE CHECK THE APPROPRIATE CHOICE(S) BELOW:

I AM PAYING FOR THE PROGRAM 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: PLEASE SPECIFY _____

EDUCATION INFORMATION

PLEASE NOTE: STUDENTS MUST BE HIGH SCHOOL GRADUATES, OR 19 YEARS OF AGE OR OLDER AT THE START OF THEIR PROGRAM OF STUDY.

DID YOU GRADUATE FROM HIGH SCHOOL? YES NO

ARE YOU 19 YEARS OLD (OR OLDER)? YES NO

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? SPECIFY YOUR SCHOOL AND AREA OF STUDY, IF APPLICABLE.

HIGH SCHOOL. PLEASE SPECIFY _____

DIPLOMA. PLEASE SPECIFY _____

UNDERGRADUATE DEGREE. PLEASE SPECIFY _____

GRADUATE DEGREE. PLEASE SPECIFY _____

OTHER. PLEASE SPECIFY _____

DESCRIBE ANY MAKEUP-RELATED EDUCATION OR EXPERIENCE (INCLUDING RETAIL) YOU HAVE HAD:

HEALTH

DO YOU HAVE ANY HEALTH ISSUES / CHALLENGES THAT THE SCHOOL SHOULD BE AWARE OF?

NO YES IF YES, PLEASE SPECIFY _____

ARE YOU TAKING ANY MEDICATIONS THAT THE SCHOOL SHOULD BE AWARE OF?

NO YES IF YES, PLEASE SPECIFY _____

DO YOU HAVE TYPICAL HAND / EYE COORDINATION? YES NO

DO YOU HAVE MANUAL DEXTERITY? YES NO

DO YOU HAVE TYPICAL DEPTH PERCEPTION AND COLOUR VISION? YES NO

DO YOU HAVE A FULL RANGE OF MOTION IN YOUR SHOULDERS, NECK, ARMS AND WRISTS? YES NO

ARE YOU COMFORTABLE STANDING FOR UP TO EIGHT HOURS? YES NO

ARE YOU COMFORTABLE PRACTICING MAKEUP-RELATED SERVICES ON OTHERS? YES NO

DO YOU HAVE ANY ALLERGIES, SKIN SENSITIVITIES, OR HEALTH CONDITIONS THAT WOULD PREVENT YOU FROM GIVING OR RECEIVING ANY MAKEUP SERVICES?

NO YES IF YES, PLEASE SPECIFY _____

HAVE YOU EVER HAD A REACTION TO A SKIN OR MAKEUP PRODUCT?

NO YES IF YES, PLEASE SPECIFY _____

A FEW MORE QUESTIONS

DO YOU HAVE ANY EXPERIENCE IN PHOTOGRAPHY, FILM, TV, OR THEATRE?

NO YES IF YES, PLEASE SPECIFY _____

HAVE YOU EVER SOLD COSMETICS?

NO YES

DO YOU PREFER A JOB TO BE FLEXIBLE OR STRUCTURED?

FLEXIBLE STRUCTURED

WE'D LIKE TO KNOW MORE ABOUT YOU! PLEASE TELL US ABOUT YOURSELF AND WHY YOU'RE INTERESTED IN BECOMING PART OF THE MAKEUP INDUSTRY (A SHORT DESCRIPTION IS FINE):

WHAT AREA(S) OF THE MAKEUP INDUSTRY APPEAL(S) TO YOU MOST?

LIST THREE MOVIES WHICH IMPRESSED YOU IN TERMS OF MAKEUP ARTISTRY:

HOW DID YOU HEAR ABOUT THE BLANCHE MACDONALD CENTRE?

REPUTATION ADVERTISING FACEBOOK INSTAGRAM INTERNET SEARCH

MAGAZINE / NEWSPAPER EVENT REFERRAL OTHER. PLEASE SPECIFY _____

AGENCY. IF APPLICABLE, PLEASE INDICATE AGENCY NAME, TELEPHONE AND EMAIL BELOW:

THIS APPLICATION HAS BEEN COMPLETED BY:NAME OF STUDENT / APPLICANT (PLEASE PRINT)

SIGNATURE OF STUDENT / APPLICANT

IF APPLICANT IS UNDER 19, NAME OF PARENT OR GUARDIAN (PLEASE PRINT)

SIGNATURE OF PARENT OR GUARDIAN

DATE

I CONSENT TO BLANCHE MACDONALD CENTRE SENDING ME COMMERCIAL ELECTRONIC MESSAGES INCLUDING NEWSLETTERS AND PROGRAM UPDATES BY EMAIL.

UPON RECEIPT OF A COMPLETED FORM, YOUR ADMISSIONS DIRECTOR WILL PROMPTLY REVIEW YOUR APPLICATION. ONCE YOU HAVE BEEN ACCEPTED INTO YOUR PROGRAM OF CHOICE, A NON-REFUNDABLE REGISTRATION FEE AND AN INITIAL TUITION PAYMENT ARE REQUIRED TO SECURE YOUR PLACE IN THE PROGRAM. FOR MORE INFORMATION, PLEASE CONNECT WITH YOUR ADMISSIONS DIRECTOR OR EMAIL INFO@BLANCHEMACDONALD.COM.

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.

HOW TO SEND US YOUR APPLICATION—FOUR EASY OPTIONS

1. YOU CAN COMPLETE THIS FORM ONLINE AT: WWW.BLANCHEMACDONALD.COM/APPLY
2. IF THIS APPLICATION HAS BEEN EMAILED TO YOU AS A PDF, YOU CAN FILL IT OUT AS AN INTERACTIVE PDF FORM, AND EMAIL IT TO US AT: ADMISSIONS@BLANCHEMACDONALD.COM
3. YOU CAN SCAN THIS COMPLETED DOCUMENT AND EMAIL IT TO US AT: ADMISSIONS@BLANCHEMACDONALD.COM
4. YOU CAN SEND IN YOUR APPLICATION BY MAIL TO:
 BLANCHE MACDONALD CENTRE, UPTOWN CAMPUS
 100-555 W 12TH AVENUE
 VANCOUVER, BC, CANADA V5Z 3X7
 +1 604 685 0347