

Certificate in Hairdressing Application Form

Miss Mrs Ms Mr Other (please circle)

Family name:

First names:

Address:

Telephone: day

evening

cell

Email:

Date of birth:

Are you a NZ citizen or permanent resident? Yes / No

Is English your first language? Yes / No

If NO, please state your IELTS level

Secondary Schooling

Last secondary school attended

NCEA Level 1 (Year 11) or School Certificate

Subject	Grade/Credits	Year

On a separate sheet please share with us in 150 handwritten words why you wish to join this programme. Please include any details of work experience you may have had in the hairdressing or service sector industry.

Send to:

School of Professional Hairdressing
CPIT
PO Box 540
Christchurch 8015