

## Application For Apprentice Card

Please print clearly. Complete all sections of the form and mark all boxes which apply to you. Please remember to sign the Apprentice Card application before submitting.

### All Applicants

- Applications will not be processed unless fully completed and accompanied by payment in full. Registration fee is \$30.00+GST= \$31.50 per card. A cheque or money order made payable to BeautyCouncil must be attached or complete the credit card section below. A fee of \$20 will be charged for dishonoured or NSF cheques. **DO NOT MAIL CASH. FEES ARE NON-REFUNDABLE.**

- This contract should include the following

- ✓ Salon Letterhead
- ✓ Program start date
- ✓ Expected end date
- ✓ Approximate number of hours worked per week
- ✓ Description of areas of training through apprenticeship
- ✓ Signature from Salon Proprietor
- ✓ Signature from Apprentice

\*Mandatory Fields

APPLICANT INFORMATION – PRINT CLEARLY							
BeautyCouncil No:	*Last Name:						
*First Name and Middle Name:					*Primary Email:		
*Home Address:							
*City:			*Province:		*Postal Code:		
Home Phone:		Cell Phone:			Home Fax:		
SIN:		Date of Birth: <small>mm/dd/yyyy</small>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
*Program: Hairdressing <input type="checkbox"/> Barbering <input type="checkbox"/>							
Statement of Applicant:  I hereby apply for an apprentice card in BeautyCouncil and verify that all information contained in this application is true.							
Signature of Applicant				Date (mm/dd/yyyy)			
FOR OFFICE USE ONLY							
\$30	Other \$	CASH	M. ORDER	CHEQ	DEBIT	VISA	M/C

### SALON INFORMATION – PRINT CLEARLY

\*Salon Name:

\*Salon Address:

\*City:

\*Province:

\*Postal Code:

\*Phone:

Fax:

Salon Email:

Where would you like your mail delivered to:

Home

Salon

### TO BE COMPLETED BY APPRENTICE TRAINER – PRINT CLEARLY

The applicant for an apprentice card, whose name appears herein, has enrolled in the indicated program above.

\*Program Start Date:

Program End Date:

\_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
Printed Name of Trainer

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Trainer's BeautyCouncil Qualification Certificate Number

### PAYMENT

Cheque

Money Order

VISA

MasterCard

-----  
Credit Card Number

-----/-----  
Expiry Date (mm/yyyy)

-----  
Name of Cardholder

-----  
Signature(as appears on card)

-----  
Date (mm/dd/yyyy)