



VANITY BEAUTY ACADEMY

NVQ & IHBC Registered Training Centre

APPLICATION FOR ENROLMENT

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Surname :

First Name :

Address : _____

Tel. No (Day) : _____
Tel. No (Eve) : _____
Mobile : _____
Fax : _____
Occupation : _____
D.O.B : _____ / _____ / _____

Medical conditions (if any): e.g. pregnancy/asthma/dyslexic etc . . .

Course/s applied for :

1st Choice Day : _____

Month : _____

2nd Choice Day : _____

Month : _____



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Full course fees enclosed £

Or (mastercard / visa / debit card)

Card no : _____ Expiry Date : _____

I agree to abide by the rules and regulations of the centre e.g. I understand that fees are not refundable but are transferable at a nominal admin cost; and there will be no reimbursement for absentees.

(Please Tick Box)

Signature : _____ Date : _____

Your place will be confirmed within 14 working days.

PLEASE SEND PAYMENT & ENROLMENT FORM TO:

VANITY AT FAIRFIELD PARK
5 GASKELL PLACE
DICKENS BOULEVARD
STOTFOLD
HITCHIN
SG5 4GX

TEL: 07875 420111

E-MAIL: ENQUIRIES@VANITYBEAUTYACADEMY.COM

WWW.VANITYBEAUTYACADEMY.COM