



Portlaoise College of Beauty and Complimentary Therapies

Church Street, Portlaoise, Co. Laois, Ireland Telephone: (0502) 62600
<http://www.portlaoisecollegeofbeauty.com>

ENROLMENT FORM

(If you are completing this form by hand please write legibly in block capitals. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records. Return to above address with payment.)

Course Title:

PERSONAL DETAILS

Name:

Address:

Tel:

Date of Birth:

Nationality:

Occupation:

HEALTH RECORD

Do you have any disabilities:

Have you ever suffered a nervous disorder:

Have you ever suffered a skin condition:

Any allergies to creams, cosmetic preparations or other substances:

Have you undergone any operations:

Any known medical condition:

EDUCATION

Date	Institution	Course	Award

FEE PAYMENT

I enclose a deposit of €_____ and agree to pay the outstanding balance on the date requested for this course. (See MTB Brochure or course fee payment details online at <http://www.portlaoisecollegeofbeauty.com/fees.html>)

CREDIT CARD DETAILS

Amount to be debited:	Billing Name:
Billing Address:	
Credit Card Type:	Expiry Date:
Credit Card No.:	
Signed:	Date:

DECLARATION

I, the undersigned, confirm that the information given in this application form is correct. I understand that deposits and fees are not refundable under any circumstances should I not take up my place or fail to complete the course

Signed: _____ Date: _____

Signed: _____ Date: _____

(Parent/Guardian if under 18 years of age)