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ABC English Language School

Barbering course Application

Please complete all information or the form will not be accepted

Your cover Photo:



|  |  |
| --- | --- |
| About You  |  |
| Name:  | Surname:  |
| Gender:  | Date of Birth:  |
| Nationality:  |  |

|  |  |
| --- | --- |
| Address:  | Town:  |
| City:  | State:  |
| Country:  | Zip code:  |

|  |  |
| --- | --- |
| Home phone number:  | Mobile phone number:  |
| Email address:  | Religion: Practising: Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| **Your Interest**  | **Your Hobbies** |
|  |  |

|  |
| --- |
| **Health** |
| Do you have any physical restrictions, impairments or allergies that will limit placement options or participate in everyday family and/or school life? | Yes [ ]  No [ ]  |
| If yes please describe |  |
| Any allergies or other information relevant for Host family regarding health? | Yes [ ]  No [ ]  |
| If yes please describe |  |
| Do you have any dietary requirements/ restrictions? (Vegan, Gluten-free, lactose intolerant etc.) | Yes [ ]  No [ ]  |
| If yes please describe  |  |

**Vaccination details – please provide a copy**

**Medical cover – please provide a copy**

**\*All students must have an E111 card as a minimum.**

|  |  |
| --- | --- |
| Education |  |
| School name: |
| Address: | City: |
| State: | Zip code: |
| Current Grade: | Expected year of graduation: |

**About your family**

|  |  |
| --- | --- |
| Parent / Guardian 1 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: | Maiden name: |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |
| Parent / Guardian 2 |  |
| First name: | Surname: |
| Occupation: | Email: |
| Work phone number: | Mobile phone number: |
| Home phone number: |  |
| Address: | State: |
| Town: | Country: |
| City: | Zip code: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Siblings** |  |  |  |
| Siblings Name | Siblings Surname | Date of Birth | Living at Home; Yes or No |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |
|  |  |  | Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| Emergency Contact |  |
| First name:  | Surname:  |
| Work phone number:  | Email:  |
| Home phone number:  | Mobile phone number:  |
| Address:  | Town:  |
| State:  | Zip code:  |

**Barbering Course**

* What date will you commence your stay
* What airport will you fly into?
* Which Barbering course would you like to attend during your stay if available:

[ ]  Introduction to Barbering - 2 weeks

[ ]  Barber and Salon Business Certificate (Cert.Barbering) -12 weeks

[ ]  Barber and Salon Business Diploma (Dip.Barbering) -22 weeks

Please provide a student letter of introduction to your host family:

Please provide a parent letter of introduction to host family

**Photos of you and your family**

(you can include some printed pictures in your envelope or attach them to your email if you decide to scan this form)

  

I confirm that all the information I have given is correct.

Parent Signature and date

Student Signature and date

