Art & Technology of Make-up College ESTABLISHED 1966 88 Shepherd St, cnr Myrtle St, CHIPPENDALE, 2008 PH: (02) 9698 1070 Fax: (02) 9319 1950 www.makeupeffectscollege.com

COURSE APPLICATION F	ORM Application Date://
PLEASE WRITE CLEARLY IN BLOCK LETTERS	
Name:	
	Date of Birth:///
Address:	
Street:	
City/Suburb: Post	tcode
Country:	
Telephone No:	
Mobile No:	
Fax:	
Email Address:	
I wish to enrol for the following course: <u></u>	
It is a requirement under the Occupational Health and Safety Act NSW (2000) that prospective students declare their current health status. If you have a contagious disease you should not attend this College. Do you have any allergies and/or conditions that prevent make-up being applied to your face, including any contagious diseases? If yes, please specify:	
Present occupation	
Signed:	
Please fax or mail your application of this form	form to the street address or fax number at the top
	T BE FILLED IN LEGIBLY OR ANY REPLACEMENT UE TO INCORRECT DETAILS WILL BE CHARGED AT NT