



# Application Form 2018

Version 1.0

## Brief Introduction and Instructions

Questions? Please contact us

You have received the **Course Information and Application Guide 2018** as part of the course information pack. It contains the instructions for filling this form in and making an acceptable application.

- Use a blue or black pen.
- Print answers in NEAT BLOCK LETTERS.
- Initial all pages in the bottom right corner.
- Sign and date the back page of the form.

## Programme You Are Applying For

Select one only

Diploma in Beauty Therapy and Applied Aesthetics PC1226  29 Jan 2018 to 21 Dec 2018

23 Jul 2018 to 21 Jun 2019

Certificate in Nail Technology PC3239

29 Jan 2018 to 11 May 2018

23 July 2018 to 2 Nov 2018

Diploma in Beauty Therapy and Applied Aesthetics with Certificate in Nail Technology CO1499

29 Jan 2018 to 21 Dec 2018

Diploma in Spa Therapies PC9780

29 Jan 2018 to 21 Dec 2018

## Personal Details

Print answers CLEARLY and in BLOCK LETTERS

Legal surname

Legal first names

Common name

*Which name people normally call you*

Address

List your address using NZ Post Guidelines

  
  
 Postcode 

Cell phone

Landline

Email address

Please complete all sections.

Students Initials

**Personal Details (Continued)**

**Date of birth**

Day		Month		Year			

**NZQA number / National Student Number**

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**Where did you hear about The National School of Aesthetics?** Please be as specific as possible.

**English Language and Right to Study Requirements**

**Is English your first or native language?**

If you answer no, you may need to provide evidence of your English skills.

Yes  No

**Are you a New Zealand citizen?**

If you are a New Zealand citizen, continue to the next section.

Yes  No

**Country of citizenship (non-NZers)**

**Do you currently hold a New Zealand residency class visa?**

If not, we will treat your application as one made by an international student.

Yes  No

**Your Study History**

**Please include evidence of highest qualification**

**Please list your highest successfully completed qualification, including the qualification level.**

*"Successfully completed" means you completed all the requirements to gain the certificate, diploma or degree. If none, put "none".*

**Qualification**

**School**

**Year**

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**Please list the last study you undertook whether you successful completed it or not.**

**Programme**

**School**

**Year**

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**Did you successfully complete this programme?**

Yes  No

**Have you ever not successfully completed a programme?**

Yes  No

**If you did not successfully complete this or any programme, please explain why on a separate piece of paper and include this with your application.**

**Student Fees****Please answer truthfully****Are you applying for a student loan and / or student allowance?** Yes  No

If you are applying for a student loan and / or allowance, contact StudyLink on [www.studylink.govt.nz](http://www.studylink.govt.nz) or 0800 88 99 00 to see what you are eligible for. You can do this either before or while you apply.

**Have you ensured you have or can gain access to adequate finances to pay for the programme and its extra expenses?** Yes  No

If you have answered "No" to this question, please ensure you have adequate finances before you apply.

**Proof of Identity****This should be an official photo ID**

**We are legally required to verify the identity of every student.** You can do this by submitting a **photocopy of your passport** or **valid NZ driver's license**, then bring the original to the interview with you. You will need to submit proof of citizenship and right to study in New Zealand at enrolment.

If you do not have a passport or valid NZ driver's license, you will need to supply a passport photo that is verified on the back. Requirements of this passport photo include:

- 5 X 4 centimetres
- Someone who can verify your identity must fill out the identification sticker on the back.
- This is a picture that you would buy to get a passport.
- No alternatives accepted.

**Further Questions****Please answer truthfully****Are you a caregiver for child, relative, or friend? (Family commitments)** Yes  No**Are you considering / applying for / enrolled in another programme?** Yes  No

**If you answered "Yes" to either or both of these questions, please explain why on a separate piece of paper and include this with your application.**  
For example, if you are a parent, please explain what alternate care plans you have if your child is ill.

**You know \_\_\_\_ about the beauty industry.** Lots  A bit  A little

If you feel your knowledge is limited, please research the industry more before your interview.

**Are you applying for recognition of prior learning?** Yes  No

**If you answered "Yes" to recognition of prior learning download and complete the Application for Credit Towards a NaSA Programme Form and include this with your application. Fees apply.**

**Health and Safety****Please answer truthfully**

If you have been / are diagnosed with any of the conditions listed below, mark yes and explain on another sheet of paper. We ask this to ensure you do not participate in any treatments that may affect your health. You may need to provide written evidence from a qualified medical or education practitioner, and you may need additional outside support (outside NaSA and at your own cost) in cases of learning issues.

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|------------------------|--------------------|------------------------|-----------------------|
| • Current pregnancy    | • Haemophilia      | • Leukaemia            | • Hodgkin's Disease   |
| • Cancer               | • Melanoma         | • Allergic reactions   | • Allergies           |
| • Alcohol use / abuse  | • Asthma           | • Medical oedema       | • Osteoporosis        |
| • Rheumatoid arthritis | • Arthritis        | • Diabetes             | • Drug use / abuse    |
| • Bell's Palsy         | • Trapped nerve(s) | • Pinched nerve(s)     | • Inflamed nerve(s)   |
| • Acute rheumatism     | • Lumps / bumps    | • Areas of pain        | • Metal pins / plates |
| • Spasmodic high fever | • Pacemaker        | • Recent surgery       | • Kidney disease      |
| • Liver disease        | • Thyroid disorder | • Autoimmune disorder  | • Thrombosis          |
| • Phlebitis            | • Hypertension     | • Hypotension          | • High cholesterol    |
| • Shortness of breath  | • Blood clots      | • Irregular heartbeat  | • Scabies             |
| • Lice                 | • Eczema           | • Psoriasis            | • Dermatitis          |
| • Acne vulgaris        | • Boils            | • Folliculitis         | • Wart(s)             |
| • Herpes simplex       | • Herpes zoster    | • Tinea corporis       | • Tinea unguem        |
| • Tinea pedis          | • Tinea manis      | • Verruca(s)           | • Conjunctivitis      |
| • Sties                | • Scar tissue      | • Skin sensation loss  | • Epilepsy            |
| • Depression           | • Schizophrenia    | • Manic-depressive     | • Bipolar disorder    |
| • Stress disorder      | • Anxiety disorder | • Hepatitis (any type) | • HIV or AIDS         |
| • Meningitis           | • Tuberculosis     | • Chronic fatigue / ME | • Glandular fever     |

**Do you have, or have you been previously diagnosed with, one or more of the conditions listed here or any condition that could affect your studies or your course attendance?**

Yes  No

**Have you had any tattoos in the last 12 months?**

Yes  No

**Do you have any facial and / or body piercings (including internal)?**

Yes  No

**Do you take any regular, ongoing and / or current medication?**

Yes  No

**Have you been hospitalised in the last 12 months?**

Yes  No

**Do you have any conditions that impair or affect your sensory systems?**

Yes  No

**Do you have any learning conditions, like dyslexia, dysgraphia, auditory or visual processing disorders, et cetera?**

Yes  No

**Do you have any behavioural and / or attention conditions, like ADHD or any other neurological condition or disorder in this area?**

Yes  No

**Have you ever been charged with, or received diversion from, or convicted of, a serious crime?**

Yes  No

You have the right to conceal any minor offence occurring over 7 years ago if unrepeatd and as per the Criminal Records (Clean Slate) Act 2004 and its subsequent amendments, providing you meet all other conditions in the Act.

**If you answered "Yes" to any of these Health and Safety questions, please explain why on a separate piece of paper and include this with your application. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional.**

## Declarations

In this document, the following substitutions will apply:

- The applicant is herein referred to as “you”
- Aesthetics House Limited, trading as The National School of Aesthetics, is herein referred to as “we”

### Important Information

When you submit this application form and any information, we do not guarantee you a place or automatically enrol you; however, if you complete this form properly and submit the requested information with it to our standard, we may allow you an interview, and subsequently, the opportunity to enrol. If your submission is missing any items, it may delay your interview. Please ensure you follow the procedures we sent to you.

**We keep this information on file for 10 years for auditing purposes** as required by the Tertiary Education Commission and other government and governing bodies **so we cannot return any of this to you.**

### Your Declaration

- You understand completion and submission of this form and required documentation does not guarantee you a place in any of our programmes.
- You understand this submission is a **serious expression of interest**, i.e. your first choice of study.
- You understand if you do not arrive at the scheduled interview time and do not contact us directly regarding this matter beforehand, you may forfeit your chance of enrolment at NaSA in any programme now and in the future, and we reserve the right to charge you accordingly.
- You give us permission to perform any relevant personal background checks to determine your suitability.
- You confirm you are of good character, i.e. you do not or have never had any serious convictions against you.
- You understand **making a false declaration is an offence under the Crimes Act 1961**. We reserve the right to expel you (without refund) if you have made a false declaration or misrepresent yourself.

**Your declaration also indicates that you understand if you submit your application (complete or uncomplete) and take no further action, withdraw it at any stage, attend the interview but do not enrol, and / or apply for a student loan which we must administer without you enrolling, we reserve the right to charge you a minimum fee of \$150 plus any additional expenses we incur as a result. See [www.nasa.co.nz/fees/](http://www.nasa.co.nz/fees/) for exact fees. Your signature indicates you agree to pay these fees in full.**

### Your Health and Safety Declaration

By signing this document, you declare you have the condition(s) indicated by where you have listed the truthful answers and you have supplied further information on a separate piece of paper accompanying this form. You understand we may require you to gain specialist medical clearance or learning specialist assistance as a result of your declaration and you will provide evidence of this to us upon request. You understand if you have knowingly not declared a condition(s) or conviction(s) on this form, and you do have them, and injury / harm / etc. happens to you or a fellow student or other person because of the condition(s) or conviction(s), we bear no responsibility for this. You understand the information detailed herein is required for a lawful purpose connected with NaSA.

We cannot give you any special treatment or assistance if you do not supply us with written evidence of your physical, mental and / or learning conditions, diagnosed by the proper qualified medical or educational professional.

We do not assume and hereby disclaim any express or implied liability whatsoever to any party for any loss or damage caused by errors or omissions, whether these errors or omissions result from negligence, accident or any other cause. We are not responsible for events arising from unauthorised access of the information you provide.

### Privacy Statement

Our collection, use, storage, disclosure and correction of personal information is governed by The Privacy Act 1993. Personal information means information about an identifiable individual and we comply with the obligations of this legislation.

We take all reasonable precautions to guard against unauthorised access to confidential and personal information including the loss, misuse and alteration of the information we hold. We will use best endeavours to keep personal information confidential and will not sell or otherwise provide your personal information to a third party for any purpose which is not incidental to your use of our services, unless you consent to its disclosure or we are legally required to disclose it, whether by a court of competent jurisdiction or as a result of the legislation itself. When the personal information is no longer required for the purposes for which it was collected, we may delete it.

Personal information you supply to us will be used for the purposes of The National School of Aesthetics including student administration, provision of services and the dissemination of information to staff and in order to appraise you of the services we can offer. It will assist us in providing the services you request, to process any communications you request and assist in any other use that you authorise.

