



Application & Enrolment Contract 2024 Part 1

2024 version 1.0 – This form is for **domestic students** only

Brief Introduction and Instructions

Questions? Please contact us

This form obtains vital information we need to assess your application and, if successful, enrol you into a programme. We also gather legally required information for Government agencies for statistical and administrative reasons. **This form is a legally binding contract between us.** There is a second part to this contract you will complete if you are accepted into the programme to formally enrol you. When completing this form, please:

- 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.

A Your Programme and Your Starting and Finishing Dates

Programme and starting and finishing dates	<input type="checkbox"/>	New Zealand Certificate and Diploma in Beauty Therapy (Level 5)	CO3691
	<input type="checkbox"/>	Start 5 February 2024 Finish 20 June 2025	<input type="checkbox"/>
		Start 29 July 2024 Finish 12 December 2025	
	<input type="checkbox"/>	New Zealand Certificate in Nail Technology (Level 4)	NZ3443
	<input type="checkbox"/>	Start 5 February 2024 Finish 20 December 2024	<input type="checkbox"/>
		Start 22 July 2024 Finish 20 June 2025	

B About You

Legal surname	<input type="text"/>			
Legal given name(s)	<input type="text"/>			
Preferred name	<input type="text"/>			
Previous names / aliases	<input type="text"/>			
Phone numbers	Cell	Land		
Email address	<input type="text"/>			
Permanent address	<input type="text"/>			
<i>List your address using NZ Post Guidelines</i>	<input type="text"/>			Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address while studying (if known)	<input type="text"/>			
<i>List your address using NZ Post Guidelines</i>	<input type="text"/>			Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is your gender?	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse	<input type="checkbox"/> Male	

Student Initials	Parent's Initials
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B About You (Continued)

Date of birth

NZQA number / National Student Number

Day		Month		Year			

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C English Language and Literacy and Numeracy for Adults

Is English your first or native language? Yes No
 If you answered no, you may need to provide evidence of your English skills.

Have you ever used the Literacy and Numeracy for Adults assessment tool?
 • If yes, please continue to the next question. Yes No
 • If no, please continue to section D.

Which type of assessment(s) did you do? Reading Writing Vocabulary Numeracy

D Your Citizenship and Residency

Are you a New Zealand citizen? Yes No
 If you are a New Zealand citizen, continue to section E.

Country of citizenship (non-New Zealanders)

Do you currently hold a valid New Zealand residency class visa?
 • If yes, continue to “How long have you been in New Zealand...?” Yes No
 • If no, continue to next question.

Do you currently hold a valid Australian residency class visa?
 • If yes, continue to “How long have you been in New Zealand...?” Yes No
 • If no, you should be filling out the application form for international students.

How long have you been in New Zealand with a residency class visa or with your Australian citizenship?
 If you are a New Zealand residency class visa holder, or Australian permanent resident or citizen living in New Zealand, and you have been that for less than **3 years**, you may not be eligible to access the Student Loans and Allowances scheme or the Fees Free scheme. Years Months

E Health and Safety

Please answer truthfully

Are there supports that would help you while learning with us? Your response allows us to let you know what assistance might be available through us. Please select all of the supports you might need.

The information you provide is collected for statistical purposes and helps make education more accessible to all students.

- | | |
|---|--|
| Access to assistive technology (e.g., for reading, writing, communication) <input type="checkbox"/> | Support with reading, writing, and communicating in learning sessions, exams, and assessments <input type="checkbox"/> |
| Accessible format resources for course content <input type="checkbox"/> | Other learning or disability support <input type="checkbox"/> |
| Mobility and transport (e.g., navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan) <input type="checkbox"/> | No – I do not need support at this time <input type="checkbox"/> |
| New Zealand Sign Language interpreter <input type="checkbox"/> | |

Do you describe yourself as: Yes No
 • disabled; • tangata whaikaha Māori;
 • deaf; • living with a long-term physical condition; and / or
 • neurodiverse; • living with a long-term mental health condition?

The information you provide is collected for statistical purposes and helps us understand our students.

Student Initials	Parent's Initials
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E Health and Safety (Continued)

Please answer truthfully

Read the list below and answer the questions after the list. We ask about these conditions 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.

- | | | | |
|------------------------|--------------------|------------------------|-----------------------|
| • 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 below. (Attach another piece of paper if your answer doesn’t fit in the area below.)

You may need to supply a diagnosis or medical clearance from a qualified medical or other professional.

Student Initials	Parent’s Initials
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F Your Next of Kin and Emergency Contacts

Whom should we contact in case of emergency or if we are unable to get a hold of you?

- List **two contacts**, your relationship with those contacts, and **full contact details** for people who know you and live at different addresses from one another.
- Both contacts **must** be 18 years old or over.
- Please fill in **all** details.
- If you are under 18, the first contact must be your parent or legal guardian.

Contact 1 – If you are under 18, this must be your parent or legal guardian

FILL IN ALL FIELDS

Full name				
Relationship to you				
Phone numbers	Cell	Land		
Email address				
Address				
<i>List your address using NZ Post Guidelines</i>				
		Postcode		

Contact 2 – Should live at a different address than the first contact person

FILL IN ALL FIELDS

Full name				
Relationship to you				
Phone numbers	Cell	Land		
Email address				
Address				
<i>List your address using NZ Post Guidelines</i>				
		Postcode		

Student Initials

Parent's Initials

G Your Ethnicity

Which ethnic group(s) do you belong to? You may tick up to **three (3)** boxes that apply to you.

* Indicates if you marked any "Other" category, please specify the ethnic group next to "Other"

<input type="checkbox"/> NZ European	111	<input type="checkbox"/> British / Irish	121	<input type="checkbox"/> Filipino	411
<input type="checkbox"/> NZ Māori	211	<input type="checkbox"/> Dutch	122	<input type="checkbox"/> Cambodian	412
<input type="checkbox"/> Samoan	311	<input type="checkbox"/> Greek	123	<input type="checkbox"/> Vietnamese	413
<input type="checkbox"/> Cook Island Māori	321	<input type="checkbox"/> Polish	124	<input type="checkbox"/> Other SE Asian*	414
<input type="checkbox"/> Tongan	331	<input type="checkbox"/> South Slav	125	<input type="checkbox"/> Chinese	421
<input type="checkbox"/> Niuean	341	<input type="checkbox"/> Italian	126	<input type="checkbox"/> Indian	431
<input type="checkbox"/> Tokelauen	351	<input type="checkbox"/> German	127	<input type="checkbox"/> Sri Lankan	441
<input type="checkbox"/> Fijian	361	<input type="checkbox"/> Australian	128	<input type="checkbox"/> Japanese	442
<input type="checkbox"/> Other Pasifika*	371	<input type="checkbox"/> Other European*	129	<input type="checkbox"/> Korean	443
<input type="checkbox"/> Middle Eastern	511	<input type="checkbox"/> African	531	<input type="checkbox"/> Other Asian*	444
<input type="checkbox"/> Latin American	521	<input type="checkbox"/> Other*	611		

If you identified as New Zealand Māori, what is (are) the name(s) of your iwi(s) and the rohe (territory)?

Iwi		Rohe	
Iwi		Rohe	
Iwi		Rohe	

H Your Activity

What will be / is / was your main activity or occupation in New Zealand on 1 October 2023?

SELECT ONLY ONE OPTION

<input type="checkbox"/> Secondary school student	01	<input type="checkbox"/> Non-employed or beneficiary	02
<input type="checkbox"/> Wage or salary worker	03	<input type="checkbox"/> Self-employed	04
<input type="checkbox"/> University student	05	<input type="checkbox"/> Polytechnic (not private) student	06
<input type="checkbox"/> House-person or retired	08	<input type="checkbox"/> Overseas (for work, study, et cetera)	09
<input type="checkbox"/> Private Training Establishment student	11	<input type="checkbox"/> Wananga student	12

Section H continues on the next page.

Student Initials	Parent's Initials
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H Your Activity (Continued)

Are you a caregiver for a child, relative or friend? (Family commitments)

- If yes, please give us more information below.
- If no, please continue to the next question regarding wanting to study and work in this industry.

Yes No

If you answered "Yes" to being a caregiver for a child, relative or friend, please list the names and ages of those you care for.

Name	Age	Name	Age

If you answered "Yes" to being a caregiver for a child, relative or friend, please explain what alternate plans you have for care. For example, if your child is unwell and unable to attend school, what back-up plans do you have to ensure your child is taken care of so you can attend class to meet our strict attendance guidelines? (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

And what further back-up plans do you have for care if your first alternative plans fall through?

For example, if your child is unwell and unable to attend school, and your mother was supposed to look after your child, but she has to work, what back-up plans do you have to your back-up plan? (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

Section H continues on the next page.

Student Initials

Parent's Initials

H Your Activity (Continued)

Explain in detail your reasons for wanting to study and work in this industry. Please be specific. (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

I Your Previous Academic History and Achievements

I1 Your Secondary School / High School Academic Information

A secondary school or high school is a place like Papanui High School or Villa Maria College. It is not a place like University of Canterbury or Ara Institute of Canterbury.

What was the name of the last secondary school you attended and what was the last year you attended that school?
 If the last secondary school / high school you attended was overseas, please write "Overseas" in the space provided below.

School Year

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What is the highest level of achievement you hold from a secondary school / high school?
 Your highest achievement may be a "traditional" award, such as School Certificate, or you may have achieved a number of credits, or a National Certificate of Educational Achievement (NCEA) at a certain level on the New Zealand Qualifications Framework.

**SELECT ONLY ONE OPTION
 THIS IS FOR SECONDARY SCHOOL ONLY**

<input type="checkbox"/> No formal secondary qualifications	00	<input type="checkbox"/> NCEA Level 2 / 6 th Form Certificate	13
<input type="checkbox"/> 14 or more credits at any level	11	<input type="checkbox"/> University Entrance	14
<input type="checkbox"/> NCEA Level 1 / School Certificate	12	<input type="checkbox"/> NCEA Level 3 / Bursary / Scholarship	15
<input type="checkbox"/> Overseas qualification	09	<i>Specify</i>	
<input type="checkbox"/> Other	98	<i>Specify</i>	

Section I continues on the next page.

Student Initials	Parent's Initials
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I Your Previous Academic History and Achievements (Continued)

I2 Your Tertiary Level Academic Information

A tertiary education organisation is a place like University of Canterbury or Ara Institute of Canterbury. It is not a place like Papanui High School, Rangiora High School, or Villa Maria College.

- Tertiary-level education includes New Zealand and overseas universities, polytechnics, institutes of technology, colleges of education, private training establishments and wananga.
- Do **not** include enrolments in STAR, community, or hobby classes.
- **Only** include NZQA-Approved or government-approved tertiary-level programmes.

Will this be the first year you have ever enrolled in a tertiary-level programme since leaving secondary school / high school.

Yes No

- If yes, please continue to section J.
- If no, please continue to the next question.

What was the name of the first tertiary education organisation you studied at and what was the first year you attended that school?

Provider Year

What was the name of the latest tertiary education organisation you studied at and what was the last or latest year you attended that school?

Provider Year

What is the highest level you achieved from a successfully completed tertiary-level programme?

<input type="checkbox"/> Never completed	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3
<input type="checkbox"/> Level 4	<input type="checkbox"/> Level 5	<input type="checkbox"/> Level 6	<input type="checkbox"/> Level 7
<input type="checkbox"/> Level 8	<input type="checkbox"/> Level 9	<input type="checkbox"/> Level 10	<input type="checkbox"/> Unknown

What was the full name of the qualification listed in the question above and what was the year you completed that qualification?

Qualification Year

Please list all of the tertiary-level qualifications you hold, the year you completed them, and where you completed them. Alternatively, you can email us your academic transcripts and / or a copy of your NZQA Record of Achievement.

Qualification Year

Provider

Qualification Year

Provider

Qualification Year

Provider

If you have more tertiary qualifications, please attach another sheet of paper or email the details to us.

Section I continues on the next page.

Student Initials

Parent's Initials

I Your Previous Academic History and Achievements (Continued)

I2 Your Tertiary Level Academic Information (Continued)

Have you ever withdrawn from, or not successfully completed, a programme or qualification?

- If yes, please continue to the next question.
- If no, please continue to section J.

Yes No

If you have ever withdrawn from, or not successfully completed, a programme or qualification, please explain why below.
(Attach another piece of paper if your answer doesn't fit in the area below.)

J Your Payment Details

Your full fees will be listed in the Application and Enrolment Form Part 2. This amount will be the same or very similar to the fees listed on our Web site and in our course information pack. Fees do not include extra expenses or administration fees. How do you intend to pay your fees? You can select more than one option.

- Fees Free Ensure you are eligible for Fees Free before you check this option. See www.feesfree.govt.nz for eligibility. You are still responsible for all your fees if you are deemed ineligible for Fees Free.
- Personal funds You will need to pay this to Public Trust after your enrolment but before your programme starts.
- Student Loan Apply to StudyLink on www.studylink.govt.nz or 0800 88 99 00 immediately after applying. You are still responsible for all your fees if your Student Loan is denied.
- I authorise Aesthetics House Limited trading as The National School of Aesthetics to direct and accept payment of the relevant tuition fees and eligible course costs, where applicable, from my student loan account.

Signature

Student Initials	Parent's Initials
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K Your Right to Study and Your Identity

You will need to supply proof of your right to study (citizenship and residency) and your identity.

A **domestic student** is defined as:

- A citizen of New Zealand (including New Zealand citizens from the Cook Islands, Tokelau, or Niue); or
- A citizen of a foreign country (including Australia) holding a residency class visa granted under the Immigration Act.

Which documents are you required to supply?

Domestic students must provide evidence of citizenship and residency (and a current, valid residency class visa, if required). Evidence of citizenship and residency includes a:

- New Zealand passport; or
- Non-New Zealand passport with an appropriate residency class visa and / or permit; or
- Long-form birth certificate with your place of birth stated as New Zealand, the Cook Islands, Tokelau, or Niue. (A long-form birth certificate lists your gender); or
- Statement of Whakapapa, including date of birth, countersigned by a kaumatua; or
- Certificate of citizenship or letter of confirmation of granting of New Zealand citizenship.

Domestic students must provide evidence of identity. Evidence of identity includes a:

- New Zealand passport; or
- Non-New Zealand passport with an appropriate residency class visa and / or permit; or
- A valid New Zealand driver's license

Please note: While a valid New Zealand driver's license does prove identity, it does not prove citizenship or residency.

How do I supply these documents?

Do not send the originals to us

- **Attach photocopies and bring the originals with you when you apply; or**
- **Email clear photos or scans and bring the originals with you when you apply; or**

If you are taking a photo, or if you are sending a scan, make sure the photos or scans are square / rectangular (meaning the corners are a 90-degree angle. The photo should be flat (i.e. the passport or driver's license should not be wider at the top or bottom than the other side). It should look as if you put the passport or driver's license in a photocopier.

- **Provide a certified copy.**

A certified copy is a photocopy of your original document, being signed as a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Registrar or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public Trust, or local authority employee designated for this purpose. If you live in a remote community and are unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.

L Your Acknowledgement and Declaration

**This form does not automatically enrol you in a programme.
You will need to complete the interview and enrolment processes before you are fully enrolled.**

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.**

L Your Acknowledgement and Declaration (Continued)

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 incomplete) 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/ 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.

Overdue Fees and Debt Recovery

We reserve the right to charge interest on overdue fees as per our rules, regulations, policies and procedures. If your account is not paid within 30 days after the due date, our collection agency may charge you a fee equal to 25% of the unpaid portion of the price but not less than \$25.00NZ. Where the total debt collection agency costs, legal and other costs arising from the collection of any amount owing exceeds the debt collection fee charged, our debt collection agent is also entitled to recover such additional costs from you. This clause is intended to be for the benefit of and enforceable by our debt collection agency under the Contracts (Privy) Act 1982 and any subsequent amendments.

Privacy Statement

Our collection, use, storage, disclosure and correction of personal information is governed by The Privacy Act 2020. 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.

We will use reasonable endeavours to maintain accurate, up-to-date information regarding students and staff. If you believe the personal information held about you is inaccurate and requires correction or if you require copies of the personal information we hold, please contact one of the Operations team members.

L Your Acknowledgement and Declaration (Continued)

I understand I need to do the following after I submit this form and my signature confirms I will do them:

- Email or supply [proof of citizenship](#) (and permanent residency if I am not a New Zealand citizen) to enrol@nasa.co.nz
- Email or supply [proof of identity](#) to enrol@nasa.co.nz
- Email or supply transcripts of previous learning and / or NZQA Record of Learning if I have them to enrol@nasa.co.nz
- Email or supply any medical and / or learning condition documentation if and where required to enrol@nasa.co.nz
- Watch the Interview Presentation on the NaSA Web site at www.nasa.co.nz/enrol/interview-presentation/
- Read over and understand the Student Handbook, downloadable at www.nasa.co.nz/downloads/#student-handbook
- Read over and understand the information in the Students section on the NaSA Web site at www.nasa.co.nz/students/

Declaration, Your Signature, and Your Guardian's Signature (Where Applicable)

I, the student, declare that, to the best of my knowledge, all the information supplied on, and with, the Application and Enrolment Contract Part 1 form is true and complete. I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I confirm I can and will pay all fees and extra expenses as they are due.

I understand making a false declaration is an offence under the Crimes Act 1961 and its subsequent amendments. **I understand the National School of Aesthetics reserves the right, at any time before or during the programme, to terminate my application or enrolment if I have misrepresented myself or my circumstances when providing information for my application, my enrolment or any other information at the school.**

Your signature		Date							
			Day	Month	Year				
Guardian's signature		Date							
			Day	Month	Year				

Signature on behalf of Aesthetics House Limited trading as The National School of Aesthetics

Signature		Date							
Name									

Return this form with supporting documentation to:

Postal Address <i>Post only</i>	Physical Address <i>Courier only</i>	Email
Admissions The National School of Aesthetics PO Box 1582 Christchurch 8140	The National School of Aesthetics 134 Antigua Street Addington Christchurch 8024	enrol@nasa.co.nz

If you downloaded this form and filled it out electronically, you must initial each page and sign and date the last page before submitting it. If you are under 18, your legal guardian must do the same.

Scanning your documents? For guidance on what is and isn't acceptable, see: www.nasa.co.nz/enrol/application/#scanning-or-taking-photos-of-your-documentation