



ENROLMENT FORM

Name:.....

Date of birth:...../...../.....

Contact number(s):.....

Email:@.....

Address:.....

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Previous experience with makeup/hair (if any):

Course(s) interested in and cost:

1.	£
2.	£
3.	£

Dates available (please check dates the courses are running on with Isma before filling this out):

1)/...../..... -/...../.....

2)/...../..... -/...../.....

3)/...../..... -/...../.....

NOTES:

Sign.....

Date...../...../.....