



HAIRSTYLING & ESTHETICS SKILLS BOOT CAMP STUDENT APPLICATION

DEADLINE: TUESDAY, MARCH 1

The Saskatoon Industry-Education Council (SIEC) is proud to present The Hairstyling and Esthetics Skills Boot Camp. One teacher recommendation form is required to complete your application. Please ensure you answer the questions to the best of your ability.

PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (m/d/y)	
Email Address		

Parent/Guardian Information (if applicable)

Mother/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Mother/Guardian Email Address	
Father/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Father/Guardian Email Address	

Health Information

Doctor Name		Phone
Health Care No.		
Important Medical Information		
Name of 1 st Emergency Contact		
Day Phone		Evening Phone
Name of 2 nd Emergency Contact		
Day Phone		Evening Phone

Information Relevant to the Hairstyling and Esthetics Boot Camp

1. Do you have any of the listed certificates?

CPR	Yes	No
First Aid	Yes	No
WHMIS	Yes	No
Other not listed _____		

2. Do you have any Hairstyling or Esthetics experience? (include school courses (PAA), specialized programs, summer employment, career/work education experience, etc.)

Yes No If yes, please explain:

3. Do you have any future plans to pursue a career in the industry, if so please explain?

4. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Hairstyling and Esthetics Skills Boot Camp. Why are you interested in participating in the SIEC Hairstyling and Esthetics Skills Boot Camp?

Voluntary Self-Declaration:

- | | | |
|---|--|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Visible Minority | <input type="checkbox"/> Treaty/Registered (Status) Indian |
| <input type="checkbox"/> Metis Person | <input type="checkbox"/> Non-Status Indian | <input type="checkbox"/> Inuit Person |

Please indicate the name of the teacher who is filling out the recommendation form on your behalf:

Please submit this application form through the designated person in your school to:

Megan Unrau, SIEC Program Coordinator
Saskatoon Industry-Education Council
Email to
megan@saskatooniec.ca