TAMMY TAYLOR
est. 1983

TRAINING BOOKING FORM

Franchise Name: _____

Instructions / Information

Use this form to book all types of training. Contact training@tammytaylornails.co.za if you need any assistance.

Position Details

☐ Beginners 5 Day Course ☐ 3 Day Conversion Course ☐ 3 Day Advanced Course

☐ Assessment ☐ Other (Specify): _____

Training Dates Required: _____ to _____

Candidate Status:

☐ New Recruit ☐ Replacement ☐ Current In Salon Technician

Candidate / Technician Details

Full Name & Surname : _____

Manager / Franchisee Submitting Request: _____

Tech Phone: _____ Email: _____

Manager's / Franchisee Signature _____ Name: _____

The request is ☐ APPROVED ☐ NOT APPROVED

Comments: _____

Date request was received by TTN Training : _____ Student #: _____