



TECHNICIAN REGISTRATION FORM **FILE / STUDENT NUMBER: TTN _____**

PERSONAL INFORMATION

FULL NAME & SURNAME:

DATE OF BIRTH:	ID #:	POSITION HELD (please circle): NAIL TECH / MANAGER / PEDIS
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CURRENT ADDRESS:

CELL:	PHONE:	RSA CITIZEN: Y / N
ALT CELL:	EMAIL:	GENDER: M / F

EMERGENCY CONTACT & INFORMATION

FULL NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

CONTACT NUMBER:	RELATIONSHIP:
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ALLERGIES / ALLERGIES TO NAIL OR BEAUTY PRODUCTS (Please Specify):

EMPLOYMENT DETAILS

FRANCHISE NAME & LOCATION:

OWNER / MANAGER NAME:

EDUCATION LEVEL

PLEASE LET US KNOW BELOW WHAT TRAINING YOU HAVE HAD & WITH WHO

LEVEL OF TRAINING OBTAINED: BEGINNERS ADVANCED MASTERCLASS OTHER	EDUCATOR/S:
DO YOU HAVE A TAMMY TAYLOR NAILS SA 12 STEP CERTIFICATE: YES NO	SIGNED: