



TECHNICIAN

REGISTRATION FORM

FILE / STUDENT NUMBER: TTN _____

PERSONAL INFORMATION

FULL NAME & SURNAME:

DATE OF BIRTH:

ID#:

POSITION HELD
(PLEASE CIRCLE):
NAIL TECH | MANAGER | PEDI'S

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:

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: