



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 #: _____