



Diploma Programs Application

Please check which Program you wish to apply for. Please apply for one program per application form.

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Esthetics | <input type="checkbox"/> Make Up Artistry | <input type="checkbox"/> Lash Technician |
| <input type="checkbox"/> Advanced Clinical | <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Browician |

Date: _____ Class Date Applying For: _____
Year Month

Name: _____

Address: _____
Street City Prov. PC

Telephone Number: (_____) _____ (_____) _____
Home Mobile

Email Address: _____

Personal Information

S.I.N.: _____ Birthday: _____
MM/DD/YYYY

Female ___ Male ___ Alberta Student Number: _____

Current Occupation: _____

Employer: _____
Company Name Street City Prov PC

Telephone Number: (_____) _____

Highest Level of Education Completed: _____

Please Note: High School Transcripts must be supplied

Lab Coat Size: S M L XL Are you right or left-handed? Right Left
 Special Order: 2XL 3XL

Please list any visible piercings and/or jewelry that will need to be inspected and approved by school officials (including medical alert or religious jewelry): _____

Please check any of the following Health Conditions that apply:

- | | | | | |
|---------------------------------------|-------------------------------------|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Heart/Stroke | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV | <input type="checkbox"/> MS |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure Disorders | | |
| <input type="checkbox"/> Other: _____ | | | | |

Allergies: _____

Will any of the mentioned Health Condition(s) prevent you from:

- | | | |
|--|------------------------------|-----------------------------|
| i) Achieving 100% Attendance during your program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Performing Treatments on other Students, Models or Clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Receiving Treatments from other Students, Estheticians or Laser Technician? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



Emergency Contact Person

Name: _____ Relationship to You: _____

Address: _____

Street City Prov PC

Telephone Number: () Home () Mobile / Work

Email: _____

Is English your Second Language? Yes No

If yes, do you have ESL class level 4 or above? Yes No ****ESL Level 4 or a successful Aptitude Test is an admission requirement.**

Do you have any problems that would prevent you from attending class Monday – Friday and occasional Saturdays? Yes No

If yes, please explain why. _____

Do have any learning disabilities or challenges that may make your learning difficult? Yes No

If yes, please explain. _____

As part of your training, students are required to practice the techniques and treatments they learn on each other as well on models (Models, Clients and Guest under the age of 14 are prohibited in the Training Areas). Students are not permitted to wear artificial nails or gel polish during their training to ensure that all students benefit from practice on natural nails.

Are there Treatments and/or Services that cannot be performed on you for training purposes? Yes/No
If Yes, Please explain. _____

How did you learn about the EIE MediSpa & Laser Training Centre? _____

Referred by: _____

Name Address City/Town Postal Code Phone

Will you be applying for a student loan? Yes No

If not applying for a student loan what is your method of payment?

Major Credit Card Cash / Debit Money Order Business Cheque Other _____

Do you have any interviews with other esthetic schools? If so, which ones? _____

What are your career goals? _____

What are the three most important attributes an education facility can offer you? _____

Do you have your own reliable transportation? Yes No

Can you maintain a full time schedule? Yes No

Please return application within 14 days of receipt with the following documentation:

- 1) Copy of High School Transcript with passing marks in English 20 or ESL Level 4 Certification
- 2) 500 word essay "Why I want to be an Esthetician or Laser Technician" **Full Esthetics or Advanced Clinical Program
- 3) Successful Interview with School Administration
- 4) Photo Identification

Once your application has been reviewed and accepted, you will be contacted by our admissions officer to complete your registration. A \$500.00 registration fee is required.



Social Media Waiver:

I authorize EIE MediSpa & Laser Centre to create photographs, videos and audio recordings to use for social media purposes, including Facebook, website, Instagram and any other social media source. I understand that EIE MediSpa & Laser Centre owns all copyright to these materials. I hereby release the European Institute of Esthetics and its employees from any and all claims of any nature whatsoever which now or may hereafter are in connection with these recorded materials, including, but not limited to, claims based on defamation, copyright infringement, trademark infringement, or infringement of my right of privacy or of my right to publicity.

By signing below and initialing all required areas, you are confirming that all information provided in this application is true and understood.

Student Signature

Date

FINANCING:

In-House Financing: **All Programs

Monthly or Bi-Weekly Payment Plans can be made with our Financial Team. EIE accepts Visa or Mastercard, Postdated Cheques and E-Transfers. An appointment must be made with our Financing Team on our website www.EIETrainingCentre.ca and request Financial Aid or Funding Assistance.

Full Time Student Aid Loan Funding: **Full Esthetics or Advanced Clinical Programs only

Please make an appointment with our Financing Team on our website www.EIETrainingCentre.ca and request Financial Aid or Funding Assistance. For all Student Aid Application appointments, please bring the following documents:

- **Alberta Student Number & High School Transcript. If you do not have these, we can help you find these online!**
- **SIN for you and your spouse if applicable.**
- **Line 150 from your Notice of Assessment from the previous tax year for you and your spouse if applicable.**

If you are a dependant student and want to be considered for Canada Student Loans and Grants and the Alberta Low Income Grant, **your parent's SIN & Line 150 will also be required.**

You are considered a dependant student if:

- 22 years of age or younger
- You have been out of high school for less than 4 years
- You have not been available for full time work for two or more years since you left high school
- You are married or in a common law relationship
- You are divorced, separated or widowed
- You are single with dependant children

To be eligible for Alberta Student Aid, you must be a resident of Alberta for a minimum of 12 months. For residents of other provinces, you must apply with the province you reside in.

Other Financing options including MediCard and Canada-Alberta Job Grant are also available. A full list of financing options are listed on our website: <https://www.eietrainingcentre.ca/student-aid-financing>

Please book an appointment on our website with our Finance Team for assistance.