



THE NEW ZEALAND ASSOCIATION OF

registered beauty therapists  
INC.



PO Box 62528, Greenlane, Auckland 1546

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## SCHOOL Membership Application

Name of school: .....

Date school established: .....

Name of school owner/principal: .....

Address of school: ..... Post Code: .....

Telephone: ..... Fax: .....

Email: .....

Date of registration and accreditation with NZQA: .....

Level of Accreditation: .....

What units are being administered off the framework:

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What international exams are offered:

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What courses do you provide (eg. Beautician, Body Therapy, Electrolysis, Nail Augmentation, Full Beauty Therapy) - Please include syllabus to outline areas/subjects included for each course:

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**SCHOOL LAYOUT - Please provide a floorplan and photos of layout**

**FURNITURE**

**Quantity**

Couches .....	<input type="text"/>
Facial Chairs .....	<input type="text"/>
Stools .....	<input type="text"/>
Trolleys .....	<input type="text"/>

**TREATMENT EQUIPMENT**

Facial steamers .....	<input type="text"/>
Facial galvanic .....	<input type="text"/>
Body galvanic .....	<input type="text"/>
Vacuum suction – body .....	<input type="text"/>
Vacuum suction – facial .....	<input type="text"/>
High frequency .....	<input type="text"/>
G5 massager or similar .....	<input type="text"/>
Facial Faradic .....	<input type="text"/>
Body Faradic .....	<input type="text"/>
Hot wax heaters .....	<input type="text"/>
Strip wax heaters .....	<input type="text"/>
Paraffin wax heaters .....	<input type="text"/>
Ultra violet lamps .....	<input type="text"/>
Infra red lamps .....	<input type="text"/>
Steam cabinet .....	<input type="text"/>
Sauna .....	<input type="text"/>
Magnifying lamps .....	<input type="text"/>
Electrical epilation – high frequency.....	<input type="text"/>
Electrical epilation – blend.....	<input type="text"/>
Autoclave .....	<input type="text"/>
Glass bead sterilisers .....	<input type="text"/>
Other sterilisation method .....	<input type="text"/> – give details.....

**TEACHING RESOURCES**

White board .....	<input type="text"/>
Overhead projectors .....	<input type="text"/>
Slide projectors .....	<input type="text"/>
Video camera .....	<input type="text"/>
Video recorder .....	<input type="text"/>
Anatomical models .....	<input type="text"/>
Wall charts .....	<input type="text"/>
Photocopier .....	<input type="text"/>
Word Processor .....	<input type="text"/>

**TEXTBOOKS USED BY STUDENTS**

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**TEACHERS QUALIFICATIONS - (Please copy if more spaces needed)**

**Name of Teacher** .....

Employed since: .....

Number of hours per week employed: .....

Adult Teaching Certificate: .....

Subjects taught: .....

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Qualifications: .....

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International Diplomas: .....

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**Name of Teacher** .....

Employed since: .....

Number of hours per week employed: .....

Adult Teaching Certificate: .....

Subjects taught: .....

.....

Qualifications: .....

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International Diplomas: .....

.....

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Number of hours per week employed: .....

Adult Teaching Certificate: .....

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Subjects taught: .....

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Qualifications: .....

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International Diplomas: .....

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