



THE NEW ZEALAND ASSOCIATION OF

registered beauty professionals
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:

.....

International Diplomas:

.....

Name of Teacher

Employed since:

Number of hours per week employed:

Adult Teaching Certificate:

Subjects taught:

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International Diplomas:

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Employed since:

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Subjects taught:

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Qualifications:

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