# **The Beauty Lab**

## Learners Registration Form

### \*\*PLEASE WRITE IN BLOCK

Photograph

Title (Mr/Miss/Ms/Mx)	First (given) name(s)	Last name (surname)
Address:		
Zip/Postal code:		
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Telephone/Mobile number		
Emergency contact number		
Email		
Date of Birth		
Date of Birth	(dd/mm/yy) - AD	
Gender	(33,1111,111,111	
Gender		
Passport /National Identity		
Card number		
	(Please enclose a copy)	
Level of Education		
English Proficiency		
(Intermediate/Good/Advance)		
Work Experience (if any)		
work Experience (ii arry)		
Registered Course Code		
Course Name		
Do you wish to apply for RPL?	If YES, please enclose the necessary docume	nte
Any disability2	ij 11.5, pieuse enciose the necessary docume	nio
Any disability?		
If YES please specify		
25 p. 2002 5 p. 2011 y	You must attach original supporting medica	l evidence to this form.

### **Declaration**

- 1. I acknowledge that the courses are taught at The Beauty Lab Pvt Ltd (TBL) and shall be certified by TBL and ......(Hereafter known as the Test Partners) jointly.
- 2. I acknowledge that I have read and understood the learner's guide and complaint policy.
- 3. I acknowledge that I have read this Application Form and agree to abide by the terms and conditions.
- 4. I understand that if the details on this Application Form are incomplete, my certificate may not be processed.
- 5. I certify that the information in my application is complete, true and accurate.
- 6. I understand that my personal information, may be disclosed by the Center to Test Partners and to concerned government authority (if necessary) for the purpose of allowing these organizations to issue/verify my certificate.
- 7. My personal information may be processed in an anonymous form by the Center and its Partners for statistical and research purposes.
- 8. I will be required to verify my identity on test day by providing the original identity document mentioned in this form.
- 9. I will be charged the full course fee upon registration.
- 10. If I encounter an error during my examination, I need to notify the center immediately. The center will ensure that if there is an error, it will not affect my result.
- 11. If I request a postpone or cancel of my test, my right to a refund will be determined in accordance with the concerned situation and the test center will have full authority to examine and take a decision.

#### I understand that:

- 12. I must get a passing score in both written and practical test to receive a valid certificate.
- 13. My test result will take .....days to be received
- 14. I may be required to retake the test if I fail in either written or practical and there will be extra charges incurred for it.
- 15. In exceptional circumstances, I may be required to retake the examination.
- 16. If I am found to have, produced fraudulent documents or engaged in any form of malpractice, or refused to comply with reasonable requests or do anything that might harm the integrity and security of Center and its partners, I may be banned from taking any kind of examination and shall not be liable for any kind of refund.
- 17. In cases of proven or suspected malpractice my test papers/documents may be provided to relevant authorities and if the malpractice is proven I may be liable to legal action.
- 18. The courses are made available to all persons, regardless of age, gender, race, nationality or religion, but it is not recommended to persons under 18 years of age.
- 19. Learners are expected to wear the appropriate uniform as specified by the center. The uniform should always look clean and neat.
- 20. All products, tools and equipment should be cleaned and sanitized before using. Health, safety and hygiene must be considered at all levels.

Signature	
Date	