



## HAIRSTYLING & ESTHETICS SKILLS BOOT CAMP STUDENT APPLICATION

**DEADLINE: THURSDAY, APRIL 1, 2021**

The Saskatoon Industry-Education Council (SIEC) is proud to present The Hairstyling and Esthetics Skills Boot Camp. One teacher recommendation form is required to complete your application. Please ensure you answer the questions to the best of your ability.

### PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

#### Student Information

|                     |                       |             |
|---------------------|-----------------------|-------------|
| Last Name           | First Name            | Middle Name |
| Address & City/Town |                       | Postal Code |
| Home Phone          | Cell Phone            | Grade       |
| School              | Date of Birth (m/d/y) |             |
| Email Address       |                       |             |

#### Parent/Guardian Information (if applicable)

|                                    |             |
|------------------------------------|-------------|
| Mother/Guardian Name               | Work Phone  |
| Address & City/Town (if different) | Postal Code |
| Mother/Guardian Email Address      |             |
| Father/Guardian Name               | Work Phone  |
| Address & City/Town (if different) | Postal Code |
| Father/Guardian Email Address      |             |

Health Information

|   |  |               |
|---|--|---------------|
| Doctor Name                               |  | Phone         |
| Health Care No.                           |  |               |
| Important Medical Information             |  |               |
| Name of 1 <sup>st</sup> Emergency Contact |  |               |
| Day Phone                                 |  | Evening Phone |
| Name of 2 <sup>nd</sup> Emergency Contact |  |               |
| Day Phone                                 |  | Evening Phone |

Information Relevant to the Hairstyling and Esthetics Boot Camp

1. Do you have any of the listed certificates?

|                        |     |    |
|------------------------|-----|----|
| CPR                    | Yes | No |
| First Aid              | Yes | No |
| WHMIS                  | Yes | No |
| Other not listed _____ |     |    |

2. Do you have any Hairstyling or Esthetics experience? (include school courses (PAA), specialized programs, summer employment, career/work education experience, etc.)

Yes No If yes, please explain:

3. Do you have any future plans to pursue a career in the industry, if so please explain?

4. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Hairstyling and Esthetics Skills Boot Camp. Why are you interested in participating in the SIEC Hairstyling and Esthetics Skills Boot Camp?

Voluntary Self-Declaration:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Visible Minority  | <input type="checkbox"/> Treaty/Registered (Status) Indian |
| <input type="checkbox"/> Metis Person             | <input type="checkbox"/> Non-Status Indian | <input type="checkbox"/> Inuit Person                      |

Please indicate the name of the teacher who is filling out the recommendation form on your behalf:

\_\_\_\_\_

Please submit this application form through the designated person in your school to:

Megan Unrau, SIEC Program Coordinator  
Saskatoon Industry-Education Council  
Email to  
[megan@saskatooniec.ca](mailto:megan@saskatooniec.ca)