



GETNAILED_BYPAIGE

TRAINING ACADEMY

Thank you for your interest in our Nail Technician Course. Please complete this form fully and honestly. All information will be treated confidentially.

Full Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Email Address: _____

Phone Number: _____

Home Address:

Current Occupation (if any): _____

Employment Status: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Self-Employed ☐ Unemployed ☐ Student ☐ Other (please specify): _____

Place of Employment (if applicable): _____

Monthly Income (approx.): £ _____

Other sources of income (benefits, support, etc.):

Do you currently receive any financial assistance for education or training? ☐ Yes ☐ No If yes,

please specify: _____

Do you have any dependents? ☐ Yes ☐ No If yes, please provide details:

Number of Dependents: _____

Ages of Dependents: _____

Relationship(s) to you: _____

Tell us a bit about yourself:*(Include background, interests, and anything you feel is important)*

Why do you want to do this Nail Course?*(Please be honest – this helps us understand your motivation and goals)*

What are your career or business goals after completing the course?

I declare that the information provided is true and complete to the best of my knowledge.

Signature: _____ Date: ____ / ____ / ____

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