



## Booking Form

Application and Learning Agreement

All information supplied is private and confidential and protected under the Data Protection Act.

### PERSONAL INFORMATION

First name :	Surname :	Occupation :
Home Address :	Salon Address (if applicable) :	D.O.B  / /
Mobile number :	Salon number (if applicable)	
Home number :	E-mail address :	
Do you have experience in Beauty or Holistic Therapies ?	YES / NO	
If yes please give details		

### COURSE INFORMATION

Course applied for	Course Date (please write your preferred date)	Cost	Kit to be pre ordered
			YES / NO
			YES / NO
			YES / NO
<b>Discount Code</b>			

### SPECIAL REQUIREMENTS

Do you have any special requirements/learning needs for the course?      YES / NO
If yes, please explain

### PAYMENTS

Please pay for the course in full by bank transfer-

La Belle Beauty Academy Ltd  
Account No: 13163922  
Sortcode: 60-24-32

**DECLARATION & TERMS:** I formally accept the above learning course(s) which I have selected and I am satisfied that they are suitable for me. I certify that the information I have supplied is to the best of my knowledge correct. I understand the payment is non-refundable once my application has been accepted and a course date has been booked. Any change to the date booked can only be made at the discretion of the course tutor. I understand that La Belle Beauty Academy reserves the right to amend the course programmes and dates. If this is the case and the new date is not acceptable my payment will be fully refunded.

Signed/Enter name: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed please email a copy back to: [training@labelle-academy.co.uk](mailto:training@labelle-academy.co.uk)

Please also print and sign a copy. This is to be sent to us with your deposit. Once your application has been processed and the deposit has cleared your course manual will be sent to you along with your course joining instructions