



This Document relates to a Training Establishment applying for Accreditation to offer a IUM certification in Make-up and Hairstyling

DATE OF APPLICATION: _____ (day/mth/yr)

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

TEL: _____

E-MAIL: _____

WEBSITE ADDRESS: _____

DATE OF SCHOOL ESTABLISHED: _____

DATE SCHOOL STARTED TEACHING MAKE-UP:

NAME OF PERSON RESPONSIBLE FOR THE MANAGEMENT OF THE SCHOOL:

SCHOOL OWNER:

COMPANY INDIVIDUAL:
