



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: \_\_\_\_\_

FAX: \_\_\_\_\_

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: \_\_\_\_\_