



**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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

DATE OF THE CERTIFICATION: \_\_\_\_\_

NAME OF THE SCHOOL:  
\_\_\_\_\_

LENGTH OF EDUCATION:  
\_\_\_\_\_