

Family Name _____ Given Names _____

Male Female Date Of Birth _____

Address _____

Home Phone _____ Mobile Phone _____

Email _____

Highest Level Completed at School _____

Other Studies Completed _____

Are you applying for recognition of your current skills and qualifications toward this qualification with MIG? YES NO

Student Status for studies with MIG International Student Domestic Student

This section for International Students only.

Passport Number: _____

IELTS Score (Attach Evidence) _____

Do you want MIG to arrange OSHC? Yes No

If yes, tick Single Cover or Family Cover

Courses to be studied WRH20109 - Certificate II in Hairdressing
 WRH30109 - Certificate III in Hairdressing
 WRH50109 - Diploma of Hairdressing Salon Management

Attendance Full Time Part Time

Preferred Commencement Date _____

Signature _____ Date _____