

SunShine[®]

Accreditation

Application Form

Name: DOB:

Address:

Email Address:

Website:

Phone Number: Date:

Areas of Education (location)?

Have you ever been an Educator for another company? Yes No

If so, Who?

How Long? Years Months

How long have you been in the industry for? Years Months

Are you qualified in: Nails Beauty Hair Holistic

Do you have a business page on Facebook? Yes No

If so, please tell us what it is called:

Do you have any other social media accounts? Yes No

If so, please tell us:

Is your Business: Home based Salon based Mobile

What brands do you currently use?

Please list all the brands you currently use.

Please list all your qualifications

Please enter in all your qualifications you wish to teach.

How do you plan to deliver and assess your students?

How are your courses provided to your students?

Face to Face

Remote Learning (practical via video call)

Online

Blended learning (mixture of the above methods)

Do you want to be listed on the website? Yes No

Name to be shown on your accreditation certificate:

Please add your training school name here.

Are you insured currently to teach? Yes Applied No

References

Name	Email Address	Phone Number