

CLIP JOINT 2 Days Hair & Makeup Introductory Course **Application Form & Media Release**

Thursday the 2nd and Friday the 3rd of October 2025

\$210.00 Per student (Includes makeup brush set!)

This course is ideal for high school students in years 9-11 who are interested or looking at getting into the hair and makeup industries.

| Students Name: | | | | | | |
|--|---|---------------|----------------------|-----------------|------------------|---------------|
| Address: | Post Code | | | | | |
| Student's Mobile: | | | | | | |
| Student's Email address: | | | | | | |
| Date of Birth: | | Gender: | ■ Male | ☐ Female | □Unspecified | |
| Emergency Contact Persons Name: | | Re | elationship t | o student: | | |
| Emergency Contact Number: | | | | | | |
| Parent / Guardian Email address: | | | | | | |
| High School Attending: | | | | | | |
| Year Level: | Vet Coordinator: | | | | | |
| | <u>Perm</u> | nission to le | eave | | | |
| If the student is under 18, a pa | arent/guardian needs t | o give permi | ission for the | em to leave th | e Academy during | breaks. |
| I | give permission f | or | | | | |
| to leav | e the Clip Joint Education | on premises | for their 1 h | our lunch bre | ak. | |
| Parent/Guardian Signature: | | C | ontact numb | per: | | |
| | <u>Import</u> | ant inform | nation: | | | |
| | Contact training | hours will b | oe 10 am – | 3 pm | | |
| Uniform | is black and/or white | e clothing, | enclosed sl | noes (any col | our) | |
| * Please note that students will be a participate in | ble to partner up with this activity, students | | | | | o not wish to |
| Student Name: | Signature: | | Date: | | | |
| Parent/Guardian Name: | Signatı | ure: | | Date: | | |
| ☐ Credit Card — VISA / MASTER | Payment Methods: | Credit Car | d or Bank T | <u>ransfer</u> | | |
| Card No: | Expiry Date: | | | | | |
| Card Holders Name: | Signature | : | | | | |
| ☐ Bank Transfer — Please email the | application to vetinsch | ools@clipjo | i nt.com.au t | o request an ii | nvoice. | |
| Please forward th | nis completed form alor | ng with payr | nent to: veti | nschools@clip | ojoint.com.au | |

*Refunds will not be given if you withdraw less than 14 days before the commencement date. *Position won't be confirmed until payment is received.

* Please note, this course will run subject to sufficient enrolments.

PLEASE COMPLETE PAGE 2 – MEDIA RELEASE FORM



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Media Release Form

| I | agree to allow Clip Joint Edu | ucation and the Clip Joint School of H | Hairdressing Pty Ltd, to use |
|-------------------------------------|------------------------------------|--|-------------------------------|
| photographs, video footage or a | ny other means of digital captu | uring that has been taken of me at | any particular time whilst |
| studying at the Academy. | | | |
| | | | |
| I understand that any of this med | ia may be used for a variety of pı | romotional materials used for any Cli | p Joint exhibitions, industry |
| functions, in-house salon, posters | or general marketing material. I | I agree that this material may be use | d on the Clip Joint website, |
| printed copy and other unspeci | fied promotional materials. Thi | is is by far, not an inclusive list of | f the types and means of |
| promotional material obtained or | conducted by the Clip Joint Sch | nool of Hairdressing. I agree that the | marketing material can be |
| used for up to a period of five (5) | years from the date taken and th | nereafter used with my written permi | ssion. |
| | | | |
| I understand that if this media is | used for any other purpose thar | n those stated above, the Clip Joint w | vill advise me in advance of |
| this and, if necessary, reimburse r | ne accordingly. | | |
| | | | |
| Name | Signed | | |
| TVallie | | | |
| | | | |
| | | | |
| Dated// | | | |
| | | | |
| | | | |
| Parent / Guardian / Agen | it) | (if under 18) | |
| | | | |