

EUROPEAN SCHOOL OF ESTHETICS APPLICATION FORM

European School of Esthetics's designated learning institution
number is DLI# O257890287252.

APPLICATION CHECKLIST

1. Completed Application Form
2. Application fee of CAD \$100.00 (the application fee is non-refundable and is required for the application to be processed)
3. High school diploma and/or transcripts from post-secondary institutions with official English translations
4. Proof of English Language Proficiency with test result
5. Copy of Passport Page with Photo
6. Copy of Valid Study Permit (if you have one)
7. Two Letters of Reference to support your academic plans. Please clearly state your references' names and contact information (optional)
8. Original document of any additional relevant training/professional standings earned

APPLICATION PROCESS

1. Complete your application form and ensure you have all items listed in the Application Checklist
2. Scan all documents and submit the PDF file by email to admissions@commonwealtheducationgroup.ca
3. Pay the non-refundable application fee
4. Once the completed application and tuition fee are received, your application will be processed by our International Admissions team.
5. Pay your tuition deposit if you've received an Offer Of Admission
6. Receive your Letter Of Acceptance
7. Pay your tuition fee balance by the tuition deadline as indicated in the Tuition Payment Policy
8. Bring your original documents, passport and valid study permit to the orientation on the first day of class.
Please note, students are required to have a laptop

PROGRAM CHOICE (PLEASE INDICATE THE PROGRAM YOU CHOOSE):

ELECTROLYSIS

ESTHETICS

NAIL TECHNICIAN

SKIN CARE TECHNICIAN

1. PERSONAL INFORMATION

Name of Applicant (as it appears on your passport)

First Name: _____

Middle Name: _____

Last Name: _____

Gender: Male Female Date of Birth
(yy/mm/dd): _____

Citizenship: _____

Current Address:

Street Name: _____

House #: _____

Village/Town/City: _____

District: _____ Province/State: _____

Country: _____ Postal Code: _____

Telephone No.: _____ Mobile No.: _____

Email Address : _____

Permanent Address:

Street Name: _____

House #: _____

Village/Town/City: _____

District: _____ Province/State: _____

Country: _____ Postal Code: _____

EMERGENCY CONTACT

Full Name: _____

Relationship to Student: _____

Telephone: _____

Email: _____

Do you have physical/medical concerns that we must know about?

Do you have any allergies that we must know about?

2. EDUCATION HISTORY

HIGH SCHOOL (Grade 12 Equivalent)

Name of School in full: _____

Name of Diploma: _____

Country: _____

City: _____

Attended From (yy/mm) _____ Attended To (yy/mm): _____

POST-SECONDARY SCHOOL (COLLEGE, TECHNICAL SCHOOL OR UNIVERSITY)

Name of Institution in full: _____

Name of Diploma/Degree: _____

Country: _____ City: _____

Attended From (yy/mm) _____ Attended To (yy/mm): _____

3. EMPLOYMENT BACKGROUND

Company Name: _____

Job Title: _____

Started Date: _____ End Date: _____

Address: _____

City: _____ Province: _____

Country: _____ Email: _____

Contact: _____

Reference (if applicable): _____

4. HOMESTAY

If homestay services are required, please complete and submit a Homestay Application. More information is available at europeanschoolofesthetics.ca/why-choose-ese

5. ENGLISH PROFICIENCY PROOF

Indicate the Standard English Test you have taken (if applicable):

TOEFL IELTS CanTest Other

Scores:

Overall Score: _____ Reading: _____ Listening: _____ Speaking: _____ Writing: _____

Test Date (yy/mm/dd): _____

List a Recognized English Program that you have taken in Canada, if applicable.

Program: _____

Institution: _____

Start Date: _____ End Date: _____

Please attach transcript of a recognized English Program in Canada

6. TUITION FEES AND PAYMENT

PROGRAM TUITION FEES (Please Select one or both the programs)

ELECTROLYSIS

Tuition Fee:	\$ 5,900.00
Registration Fee:	\$ 225.00
Others:	\$ 875.00
Administration Fee:	\$ 2,500.00
Total Payment of Program :	\$ 9,500.00

ESTHETICS

Tuition Fee:	\$ 9,200.00
Registration Fee:	\$ 225.00
Others:	\$ 1,805.00
Administration Fee:	\$ 2,500.00
Total Payment of Program :	\$ 13,730.00

NAIL TECHNICIAN

Tuition Fee:	\$ 4,000.00
Registration Fee:	\$ 225.00
Others:	\$ 1,265.00
Administration Fee:	\$ 2,500.00
Total Payment of Program :	\$ 7,990.00

SKIN CARE TECHNICIAN

Tuition Fee:	\$ 6,500.00
Registration Fee:	\$ 225.00
Others:	\$ 940.00
Administration Fee:	\$ 2,500.00
Total Payment of Program :	\$ 10,165.00

METHODS OF PAYMENT

Bank Draft/Money Order/Personal Cheque

Bank Transfer

7. AGENCY INFORMATION

Agency: _____

Contact Name: _____

Phone: _____

Mailing Address: _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Email: (if using a representative, this will be the primary contact for all Commonwealth College information until the first day of class)

7. PRIVACY POLICY

Any information captured as part of the admissions process is kept protected via current industry-standard information security measures and will only be used for purposes that are consistent with activity necessary to the operation of the college, in compliance with the provisions of the Freedom of Information and Protection of Privacy Act.

For more information, please contact our Admissions Advisors at admissions@commonwealtheducationgroup.ca

8. APPLICATION DECLARATION

- 1) I declare that the information I have provided is correct and accurate. I have read and understood all of European School of Esthetics's policies.
- 2) I agree to follow all the rules and regulations of European School of Esthetics.
- 3) I authorize European School of Esthetics to request, confirm, and/or share any necessary information with the third party other educational institutions or organizations to support my application.
- 4) I accept that is European School of Esthetics is prohibited by law from guaranteeing employment for any student or prospective student.
- 5) I agree that European School of Esthetics, reserves the right to cancel or delay the start date of a program if enrolments are not sufficient.

Signature of Applicant (in English)

Date

OFFICE USE ONLY:

Interview Date: _____

Student No.: _____

Start Date: _____

End Date: _____