



**blanche
macdonald
centre**

**International Makeup Studio Program
Application Form**

FIRST NAME _____ LAST NAME _____ PREFERRED NAME _____
 MALE FEMALE
DATE OF BIRTH (D/M/Y) _____

MAILING ADDRESS IN YOUR HOME COUNTRY

APT # _____ STREET _____ CITY _____
PROVINCE/STATE _____ POSTAL/ZIP CODE _____ COUNTRY _____
TELEPHONE _____ FAX _____ MOBILE _____
EMAIL ADDRESS _____

LOCAL MAILING ADDRESS

APT # _____ STREET _____ CITY _____
PROVINCE/STATE _____ POSTAL/ZIP CODE _____ COUNTRY _____
TELEPHONE _____ FAX _____ MOBILE _____

Do you require any information on accommodations? Yes No

EMERGENCY CONTACT IN YOUR HOME COUNTRY

NAME _____ TELEPHONE _____ BUSINESS TELEPHONE _____
EMAIL ADDRESS _____ ADDRESS _____

LOCAL EMERGENCY CONTACT

NAME _____ TELEPHONE _____ BUSINESS TELEPHONE _____
EMAIL ADDRESS _____ ADDRESS _____

How did you hear about Blanche Macdonald Centre?

Friend/Relative Internet Education Fair Newspaper Canadian Embassy Other _____
 Agency (if applicable, please complete) Agency Name _____

AGENCY TEL _____ FAX _____ EMAIL _____

GENERAL INTEREST

Have you taken any college or university programs?
Please describe.

Do you have any painting or drawing experience?

Have you ever applied makeup before?

What kind of makeup do you buy?
(for example, MAC, Chanel, Revlon, etc...)

Do you have any allergies or skin sensitivities?

Do you have any experience in photography, film or modeling?

Why do you want to be a makeup artist?

Have you ever attended a school in Canada? Yes No

If yes, please provide details:

**Please attach any supporting documents if applicable.*