



Allied Health Professionals Council

Registration Form
Training - Beauty & Wellness

Please complete the survey before registering by clicking (ctrl + click) on the following link to the survey instrument <https://www.surveylegend.com/s/5ays>

First Name: _____ Middle: _____
[PLEASE PRINT] [PLEASE PRINT]

Last Name: _____
[PLEASE PRINT]

Contact Numbers: (C) _____ (H) _____
(W) _____

Email Address: _____

Address: Resident: _____

Work: _____

Gender: (M) _____ (F) _____

Occupational Area in Beauty & Wellness: _____

Level of Certification Required: (e.g., CVQ level 1,2,3,4)

Educational Level: (e.g. primary school, high school diploma, csec, degree):

Please indicate any special needs relating to assessment (e.g., visual, audio, physical etc.):

I agree to complete training with the National Training Agency under the following conditions:

1. The Government of Grenada will cover the cost of training; however, the cost of the certificate will be covered by the individual who has received the training.
2. Training will encompass, but not be limited to, the following areas:
 - Sanitization
 - Science of beauty and wellness
 - Functional literacy and numeracy
 - Health and safety
 - Maintenance of facility.
3. An Assessment of Prior Learning (APL) will be conducted on conclusion of the training which will lead to achieving certification.

SIGNATURE.