



1. Title: Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

3. Permanent Address:

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4. Mailing Address (if different from Permanent Address):

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5. Email Address: \_\_\_\_\_

6. Contact Numbers:

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

7. Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

8. National ID Number: \_\_\_\_\_

9. Country of Birth: \_\_\_\_\_ 10. Country of Residence: \_\_\_\_\_

11. Guardian / Next of Kin:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



**12. Emergency Contact:**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**13. Do you have a disability?** Yes ☐ No ☐

**13B. If yes, please specify.**

\_\_\_\_\_

**14. Medical Conditions (if any):**

Asthma ☐

Hypertension ☐

Seizures and Epilepsy ☐

Diabetes ☐

Other: \_\_\_\_\_

**15. Allergies:**

E.g. penicillin, nuts, etc.

\_\_\_\_\_



**16. Course Information:**

Course applied for: \_\_\_\_\_

**17. Have you previously applied to Reflections Spa Institute?** Yes ☐ No ☐

**18. Have you previously been a student at Reflections Spa Institute?** Yes ☐ No ☐

**22B. If yes:**

Program: \_\_\_\_\_

RSI Student number: \_\_\_\_\_

Program period: \_\_\_\_\_

**19. Do you have any learning challenges? (If yes, please specify):**

E.g. ADHD, dyslexia, dyspraxia, dysgraphia, etc.

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**20. Payment Details**

**Bank Address:** Somerley Banking Center, Worthing Christ Church

**Account Name:** Reflections Spa Institute

**Account Number:** 50090002446 **Account Type:** Chequing Routing Number:  
00900001

**OR**

**Bank Name:** CIBC First Caribbean Bank **Address:** Sheraton Mall

**Account Name:** Reflections Spa Institute

**Account Number:** 1001257999

**Account Type:** Chequing



**Documents to Be Submitted:**

- Copy of National ID

**Declaration:** I hereby declare that I have read and understood the instructions and information necessary for completion of this application. I declare the information provided in this application form is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or dismissal from the program.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Reflections Spa Institute Banking Details

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**Bank Name: First Citizens Bank**

**Bank Address:** Somerley Banking Center,  
Worthing Christ Church

**Account Name:** Reflections Spa Institute

**Account Number:** 50090002446

**Account Type:** Chequing

**Routing Number:** 009000001

**OR**

**Bank Name:** CIBC First Caribbean

**Bank Address:** Sheraton Mall

**Account Name:** Reflections Spa Institute

**Account Number:** 1001257999

**Account Type:** Chequing



**INTERNAL – FOR RSI USE ONLY**

**Application Checklist**

**Documents Received**

Application Fee	<input type="checkbox"/>
National ID (Copy)	<input type="checkbox"/>
Academic Qualifications (Copy)	<input type="checkbox"/>
Passport-sized Photo	<input type="checkbox"/>

Transaction/Receipt No.: \_\_\_\_\_

**Official Assessment**

Accepted: Yes ☐ No ☐

Conditional: \_\_\_\_\_

Course Term: \_\_\_\_\_