1. Title: Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐

2. First Name: _____ **Last Name:** _____

Middle Name(s): _____

3. Permanent Address:

_____

_____

_____

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

_____

_____

_____

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. References (please provide two):

- Reference 1:

  Name: _____ Relationship to Applicant: _____

  Contact Number: _____ Email Address: _____

- Reference 2:

  Name: _____ Relationship to Applicant: _____

  Contact Number: _____ Email Address: _____

17. Employment Information:

Job Title: _____ Employer: _____

Contact Number: _____ Years Employed: _____

18. Education:

Institution	Years Attended

19. Course Information:

Course applied for: _____

Full-Time ☐ Part-Time: ☐

NB. Currently, only the CIDESCO Aesthetics Diploma has the option of full-time or part-time. All other courses are full-time only, part-time only, or online.

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

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

21B. If yes:

Program: _____

RSI Student number: _____

Program period: _____

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

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

23. Financing:

Source of Funding**:**

Self ☐

Student Revolving Loan Fund ☐

Parent (please provide name): _____

Other (specify): _____

24. Brief Statement:

Tell us about yourself and what made you want to pursue the chosen program. (150 – 300 words)
Insert text here

Documents to Be Submitted:

- Passport sized Photo
- Scan Copy of National ID
- Scan Copy of Secondary/High School Diploma
- Scan Copy of CXC Certificates (Caribbean nationals/residents only)
- Scan Copy of Any Other Certificates/Diplomas

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: _____

NB: The application process for Reflections Spa Institute is considered incomplete without payment of the application processing fee of BBD $50.00. Applications with outstanding application processing fees will not be processed.

Please retain payment receipt or transaction invoice number after payment.

Reflection
Spa Barbados

Reflections Spa Institute
Banking Details

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: 00900001

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	☐
National ID (Copy)	☐
Academic Qualifications (Copy)	☐
Passport-sized Photo	☐

Transaction/Receipt No.: _____

Official Assessment

Accepted: Yes ☐ No ☐

Conditional: _____

Course Term: _____