



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. 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. Certificates:**

Please list all certificates obtained, their grade (where applicable), and the year received in brackets. (CXC, CAPE, GCSE, secondary/high school diploma, Associate Degree, Bachelor's Degree, professional certificate/diploma, etc.)

E.g. CXC English A Grade 1 (2012), CXC English B Grade 2 (2012), Digital Marketing Institute Certified Digital Marketing Professional (2019)

Institution	Certificate	Year



**20. 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.**

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

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

**22B. If yes:**

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

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

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

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

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

\_\_\_\_\_

**24. Financing:**

Source of Funding:

Self

Student Revolving Loan Fund

Parent (please provide name): \_\_\_\_\_

Other (specify): \_\_\_\_\_



**25. Brief Statement:**

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



**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.**



# 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: 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	<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: \_\_\_\_\_