



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: _____ Date of Birth (mm/dd/yy): _____

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 and Manual Facial Certificate have the option of full-time or part-time. All other courses are full-time only, part-time only, or online.

Uniform Size (NB. Online courses do not have uniforms.)

Top Size: XS S M L XL 2XL 3XL

Bottom Size: XS S M L XL 2XL 3XL

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.



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: _____