



STUDENT REGISTRATION & ENROLLMENT FORM

G21 Aesthetics Academy
(Professional Education Programs)

APPLICANT INFORMATION

Full Legal Name: _____
Date of Birth (DD/MM/YYYY): _____
Phone: _____ Email: _____
Address: _____
City / Province / State / Country: _____

PROGRAM SELECTION

Please select the program you are applying for:

Program Name: _____
Program Type: ☐ Online ☐ In-Person ☐ Live Zoom
Scheduled Date (if applicable): _____

TUITION FEES & PAYMENT DETAILS

Program Tuition Fee: \$ _____
Currency: ☐ CAD ☐ USD ☐ EUR

Payment Method (check one):
☐ Full payment
☐ Deposit (if applicable)
☐ Payment plan (subject to approval)

PROFESSIONAL BACKGROUND

Current Profession / Title: _____

Clinic / Business Name (if applicable): _____

Please indicate your professional status (check all that apply):

- ☐ Licensed Esthetician
- ☐ Nurse (RN / RPN / LPN / NP)
- ☐ Physician / Medical Professional
- ☐ Medical Assistant (where permitted)
- ☐ Beauty Professional
- ☐ Student / Trainee
- ☐ Other (please specify): _____

LICENSE / ELIGIBILITY VERIFICATION (REQUIRED)

Some programs require proof of licensing or professional eligibility.

Please upload one of the following:

- Professional license
- Certification
- Proof of enrollment or scope eligibility

Accepted formats: PDF, JPG, PNG

Uploaded Document: ☐ Yes ☐ No

Important: Submission of documentation does not guarantee acceptance.

G21 Aesthetics Academy reserves the right to request additional information.

EDUCATIONAL SCOPE & RESPONSIBILITY ACKNOWLEDGEMENT

Please read carefully and initial each statement:

- ☐ I understand that G21 Aesthetics Academy provides education and training only
- ☐ I understand that completion of a course does not authorize medical practice
- ☐ I understand that scope of practice varies by region and profession
- ☐ I am solely responsible for ensuring compliance with local laws, licensing, and regulations
- ☐ I understand that certification confirms education completion only

Student Initials: _____ Date: _____

PAYMENT & ENROLLMENT TERMS

- ☐ I understand that registration is not confirmed until payment is received
- ☐ I understand that tuition fees, digital materials, and course access are non-refundable
- ☐ I understand that missed classes or failure to attend does not entitle me to a refund
- ☐ I understand that digital materials are for my personal use only and may not be shared

Student Initials: _____ Date: _____

CODE OF CONDUCT & ACADEMIC RESPONSIBILITY

- ☐ I agree to conduct myself professionally and ethically during all training
- ☐ I agree to follow instructor guidance, safety protocols, and academy policies
- ☐ I understand that disruptive or unsafe behavior may result in removal from the program
- ☐ I understand that certification may be withheld if course requirements are not met

Student Initials: _____ Date: _____

CONSENT & LIABILITY RELEASE

I confirm that all information provided is accurate and complete.

I release G21 Aesthetics Academy, its educators, staff, affiliates, and partners from liability related to:

- Misrepresentation of my qualifications
- Failure to comply with local regulations
- Misuse of techniques outside my legal scope of practice

Except in cases of proven negligence or intentional misconduct.

DATA PROTECTION & PRIVACY

☐ I consent to the collection, storage, and use of my personal data in accordance with applicable privacy laws, including PIPEDA (Canada), GDPR (EU), and applicable U.S. regulations.

ELECTRONIC SIGNATURE CONSENT

☐ I consent to the use of electronic signatures and understand they are legally binding.

FINAL ACKNOWLEDGEMENT

I confirm that I have read, understood, and agree to the terms of enrollment at G21 Aesthetics Academy.

Student Name (Print): _____

Student Signature: _____

Date: _____

Certificate Limitation Notice

☐ I understand that certificates issued by G21 Aesthetics Academy confirm completion of educational training only and do not replace licensing, registration, or regulatory approval.

Student Initials: _____ Date: _____

By submitting this form, I confirm that all information provided is true and accurate.

I acknowledge that submission of this form does not guarantee acceptance and that enrollment is subject to eligibility review and payment confirmation.

☐ I agree

Student Name (Print): _____

Student Signature: _____

Date: _____