

Application for Program Attendance

Four students are admitted for each Eyebrow Microblading and Shading Course

Program Description:

This Microblading and Shading class is a 100-hour course that you will do in part on your own and in the classroom.

The first 35-hours is done before you come to class with video's, sketching, the blood borne pathogen class and some other self-study material that will be sent to you upon registering for the program.

The class will meet for five solid days over a long weekend. Here you will also do some model work to begin your portfolio. Most class times begin at 9:00 a.m., with the exception of Sunday, which will begin at 10:00 a.m.

Upon completion of your classroom time, you will be released to practice microblading in your own location but will need to submit proof of your work for the additional 25-hours of the program before a class completion certificate is awarded.

The program will cover the following information:

OSHA regulations	Facial Anatomy	Integumentary System	Eyebrow Mapping	
Client Consultation	Client Selection	Brow Sketching	Tools of the Trade	
Anesthetics	Color Theory	Pigments	Client pre and post instructions	
Insurance	Business Set-up	Paperwork	Photography	FAQ's

Program cost is \$2900, payable at least one week before class begins.

Name _____

DOB _____

Address _____

City _____

State _____ Zip Code _____ Phone Number _____

Email Address _____

Current Occupation _____

Interested in (check one): _____ Eyebrow Microblading and Shading Course

Education

High School _____

High School Address _____

Graduated? _____ Yes _____ No

College/Trade School _____

School Address _____

Field of Study _____

Graduated? _____ Yes _____ No

College/Trade School _____

College Address _____

Field of Study _____

Graduated? _____ Yes _____ No

Employment – last 10 years

Current Employer _____

Address _____

Job Tasks _____

Dates of Employment _____

Previous Employer _____

Job Tasks _____

Dates of Employment _____

Previous Employer _____

Address _____

Job Tasks _____

Dates of Employment _____

Previous Employer _____

Address _____

Job Tasks _____

Dates of Employment _____

Have you ever trained as a tattooist? _____ Yes _____ No

Are you a licensed tattooist? _____ Yes _____ No

Have you ever taken a drawing class? _____ Yes _____ No

Describe _____

Have you ever taken a topical makeup application class? _____ Yes _____ No

Describe _____

Have you ever worked in the medical profession? _____ Yes _____ No

Describe _____

Have you ever worked in the beauty profession? _____ Yes _____ No

Describe _____

Please describe what skills or attributes you have that you feel would be a good fit in the permanent cosmetics industry. _____

Please describe why you're interested in the permanent cosmetics industry. _____

Please describe why you think the permanent cosmetic industry would be a good fit for you.

How do you respond to criticism?

Do you have physical or mental limitations that would keep you from working in a small space?

_____ Yes _____ No

Do you have physical issues with your hands? _____ Yes _____ No

Do you have physical issues with your arms? _____ Yes _____ No

Do you have physical issues with your shoulders? _____ Yes _____ No

Do you have physical issues with your back? _____ Yes _____ No

Do you have physical issues with your neck? _____ Yes _____ No

Do you have any tremors in your hands? _____ Yes _____ No

Describe any of the above, please.

Have you any physical issues with long hours of sitting?

_____ Yes _____ No

Do you have any physical issues with bending and/or hanging over a clients' body?

_____ Yes _____ No

Do you get light headed with the sight of blood? _____ Yes _____ No

Are you able to commit to four (8-10 hour days) pre-set days in two consecutive months to attend the program?

_____ Yes _____ No

Are you comfortable being in close personal space of another person?

_____ Yes _____ No

Are you comfortable touching a stranger?

_____ Yes _____ No

Do you feel that you have strong personal study skills?

_____ Yes _____ No

Do you feel that you're someone who finishes things that they begin?

_____ Yes _____ No

Describe any of the above.

What are your thoughts and feelings about the concept of permanent cosmetics?

What are some of your goals within the next two to four years?

Is there any thing else you would like to share about yourself?

Thank you for applying for this program. We will let you know either way once the candidates have been chosen for the upcoming session.

Please return this completed form to:

*Beautiful You Permanent Cosmetics Academy
600 W. Republic Rd., A-112
Springfield, MO 65807*

Or via email to:

Info.bypc@gmail.com