



Wigs & Warpaint

Apprenticeship Application Form

Title	
Name	
Address	
Telephone	
Date of Birth	
Email Address	
NI Number	

Personal Statement (tell us a a bit about yourself)

What made you want to apply for a hairdressing apprenticeship?

Why have you chosen this salon for your apprenticeship?

What do you think being a hairdressing apprentice involves day to day?

This role involves long hours on your feet, early starts and busy days, how do you feel about this?

Are you comfortable talking to new people and working as part of a team?

Do you have any questions for us about the apprenticeship or the salon?

What are you wanting from this role?

Do you consider yourself to have a disability, health problem or any learning difficulties?

Would the provision of any aids or modifications assist you in carrying out duties of a hairdresser?

Is there anything we need to know about your disability in order to offer you a fair selection interview?

**Please fill this form and send it to - reception@wigsandwarpaint.com
along with your CV!**

Applicant Name

Applicant Signature

Date
