

## Registration of Interest / Interview Form

Please complete this form and bring to your interview, with your resume and school report.

Course Name: \_\_\_\_\_ Start Date: \_\_/\_\_/\_\_

Course Attendance:  Part-time  Full-time

Applicants Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Mobile: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Qualifications: \_\_\_\_\_

How did you hear about Media Make Up Academy: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

It is essential that you understand our policies before we begin processing your application. Have you read the Media Makeup Academy & Agency policies and procedures?  Yes  No  
(This can be downloaded from [www.mediamakeup.com.au](http://www.mediamakeup.com.au) )

Applicants signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_