



Name: _____ Tel: _____

Email: _____ Date: _____

The ultimate masters education programme is designed to give our students a clear pathway to achieving their goals for both technical and artistic skills. Each “stage” comprises of 4 different courses/classes that must be successfully completed to receive that units certification. (please see info sheet for more details) Each stage must be completed within 12 months of starting. To achieve HD ultimate master pro certification all 8 stages and the ultimate master pro assessment day must be completed within 3-5 years. This programme requires dedication and passion....it is intense, in depth and will push your skills to a whole other level and has been designed by global award winning technicians to help you achieve your ultimate goals of becoming a master nail technician. You can choose to do 1 stage, several or all of them, the choice is yours.....but every step of the way we will guide, support & help you.

NAIL ARTIST PATHWAY: *Please tick the box/s for the course you're interested in*

HD NAIL ARTISTE

HD SALON ARTISTE


HD PRO ARTISTE HD ULTIMATE ARTISTE 

TECHNICAL PATHWAY: *Please tick the box/s for the course you're interested in*

HD NATURAL NAIL PRO HD SALON PRO

HD MASTER PRO

HD ULTIMATE PRO

HD ULTIMATE MASTER PRO  *(All 8 HD Master course stages must be successfully completed to attend this)*

[illegible]

MASTERS REGISTRATION FORM

Have you had any allergic reactions to any nail products and/or other allergies that may affect the products you use during training? YES /NOIf yes please state below:

Do you have any additional needs that we may need to know about to aid us to better deliver this programme for you?

Any additional information:

Please read and tick the following below, then sign & date your registration.

☐ I have read the ultimate masters information sheet and wish to register for the above HD master's education programme.

☐ I have read , understood and agree to the Hazel Dixon Nail Artist Academy terms & conditions. Terms & conditions can be found on the website www.hazedixonnailartistacademy.com this includes our cancellation policy. I understand that all deposit's and/or balance payments made are strictly non-refundable and non-transferable if I cancel.

Name: _____

Signature: _____

Date: _____

We are collecting the above data to enable us to provide you with the best service possible and be able to contact you with regards to your training & courses. We need to store this data to comply with our teaching and public & product liability insurance and to be able to safely deliver our courses and keep records of the courses attended. We will store this data in line with our GDPR policy, that only we have access to and we will not share this data with any third parties other than your chosen educators. We will store this data for 7years to comply with our insurance company. You can opt out at anytime, if you choose to opt out we will have to keep your data on file for insurance purposes. You can opt out at any time by contacting us in writing to 4 Faraday Place, Thetford, Norfolk, IP24 3RG. If you decided to opt-out and withdraw consent we will no longer be able to continue with teaching you. A copy of my Data protection and data retention policy is available to read on the website www.hazedixonnailartistacademy.com you need to have read and understood these before you sign this form as it acts as contract and gives consent.

MASTERS REGISTRATION FORM

Please tick the following boxes that you give consent for us to make contact with you. We would only contact you should we need to in relation to your course bookings.

Text ☐ I message ☐ messenger ☐ Instagram ☐ WhatsApp ☐ Telephone call ☐

Consent to have pictures taken of your nails and for the picture to be used on my social media platforms (Facebook, Instagram and twitter) marketing and brochures.

Yes ☐ No ☐

I Have read and understand all the above and give consent to the data I have provided being used by Hazel Dixon Nail Artist Academy Ltd and its educator's.

Name: _____

Signature: _____

Date: _____