



Elite Dog Grooming Academy Enrolment Form

Personal Details

First Name: _____

Last Name: _____

Address

Street: _____

Town/City: _____

State: _____ Post Code: _____

Mobile: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Mobile: _____

Address: _____

Town/City: _____

In case of an emergency I hereby authorise Elite Dog Grooming Academy to contact my emergency contact

Signed: _____

What course are you enrolling in? (Please circle or highlight)

Certification Course

Bather Brusher Extraordinaire

Intermediate Grooming

Advanced Grooming

Combined Grooming Course (Non Cert)

One on One Tuition

Do you have any health conditions? (Eg: Heart condition, Back condition, Diabetic)

Is your tetanus shot up to date? (Please circle or highlight)

Yes

No

Do you have any fear that may affect your course work? (Eg: Sharp objects, Big/Small dogs)

Previous industry experience/training (If any)

What do you aim to get out of this course? What are your goals?

The above information is correct and accurate to the best of my knowledge. I understand that a non-refundable \$200 deposit is required to secure my course spot (deducted from the fees) and that the remaining course fees must be paid in full one week before the course commencement date.

Signed: _____