

HiHiP + myhomespa

HILOT AT HILOM PILIPINAS

CRASH COURSE ON

Practical Massage

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HiHiP Practical Massage Crash Course Application Form

It is the applicant's responsibility to provide accurate and current information. Please fill out this form in CAPITAL letters.

MESSAGE KNOWHOW: By Reading Receiving Giving None REASON FOR ENROLLING: Employment Personal Growth Other

Family Name		Given Name		M.I.	Nickname
Permanent Address				Telephone No.	
				Cellphone No.	
Person to contact in case of emergency:				Email Address	

PERSONAL INFORMATION

Birth Date (MM-DD-YYYY) ____/____/____	City of Birth	Civil Status <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> TRANSITIONING	Citizenship	Religion
Height	Weight	Languages Spoken		Days/Time Available

HIGHEST EDUCATIONAL ATTAINMENT

NAME OF SCHOOL	DATES ATTENDED		FIELD OF STUDY	TYPE OF CERTIFICATION (Certificate, Diploma, Degree)
	FROM	TO		

LATEST EMPLOYMENT RECORD

NAME OF COMPANY / EMPLOYER	PERIOD OF EMPLOYMENT		POSITION / OCCUPATION	CONTACT PERSON
	FROM	TO		

PRIVACY STATEMENT

Information collected on this form is to be used for the purposes of admitting applicants to the *HiHiP Practical Massage Training Course*. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant.

DECLARATION

I hereby apply for admission to the *HiHiP Practical Massage Course*. I promise to comply with the norms of ethics, discipline and study demanded by the course. I certify that the information submitted in this application is true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE