

SKINCARE COLLEGE BY SKINBANG

Student Application Form

PERSONAL INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Residential Address: _____

City/State: _____

EDUCATIONAL / BACKGROUND INFORMATION

Do you have any prior skincare or beauty experience?

YES	NO
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Why do you want to join this course?

What are your goals after this course?

BUSINESS INTEREST

Do you currently own a skincare business? (Yes/No): _____

If yes, what is the name of your brand?

Which plan are you applying for?

Basic Plan Pro Plan VIP Plan

DECLARATION

I confirm that the information provided is accurate.

Signature: _____

Date: _____