



Application Form 2026

2026 version 1.0 – This form is for **international students** only

Brief Introduction and Instructions

Questions? Please contact us

This application form is for international students only. You can find guidance on how to fill the form out on our Web site here: www.nasa.co.nz/enrol/how-to-complete-the-application-form-for-international-students/

When completing this form, please:

- Use a blue or black pen.
- Print answers in NEAT BLOCK LETTERS.
- Initial all pages in the bottom right corner.
- Sign and date the back page of the form.

Your Programme and Your Starting and Finishing Dates

Programme and starting and finishing dates

<input type="checkbox"/>	New Zealand Certificate in Beauty Therapy (Level 4)	NZ3444
<input type="checkbox"/>	<i>Start</i> 2 February 2026	<input type="checkbox"/>
<input type="checkbox"/>	<i>Finish</i> 18 December 2026	<input type="checkbox"/>
<input type="checkbox"/>	New Zealand Diploma in Beauty Therapy (Level 5)	NZ3445
<input type="checkbox"/>	<i>Start</i> 19 January 2026	<input type="checkbox"/>
<input type="checkbox"/>	<i>Finish</i> 19 June 2026	<input type="checkbox"/>

About You

Legal surname

Legal given name(s)

Preferred name

Previous names / aliases

Phone numbers

Cell	Land
------	------

Email address

Permanent address

List your address using [NZ Post Guidelines](#)

<input type="text"/>		
<input type="text"/>		Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country

What is your gender?

Female Another gender Male

Date of birth

NZQA number / National Student Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>
Student Initials	Parent's Initials

English Language and Citizenship

Is English your first or native language?

If no, you will need to supply evidence of your English language skills as per our entry requirements.

Yes No

What is your first language (if not English)?

What is your country of citizenship?

Passport number

Expiry date

Day		Month		Year			

Issuing country

Student visa expiry (if any)

Day		Month		Year			

Your Study History

Please include evidence of highest qualification

Please list your highest successfully completed qualification, including qualification level.

"Successfully completed" means you completed all the requirements to gain the certificate, diploma or degree. If none, put "none".

Qualification

Provider

Year

--	--	--	--

Please list the last study you undertook whether you successfully completed it nor not.

Programme

Provider

Year

--	--	--	--

Please list all of the tertiary-level qualifications you hold, the year you completed them, and where you completed them.

Alternatively, you can email us your academic transcripts and / or a copy of your NZQA Record of Achievement.

Tertiary education organisation

Qualification

Year completed

If you have more tertiary qualifications, please attach another sheet of paper or email the details to us.

Have you ever withdrawn from, or not successfully completed, a programme or qualification?

Yes No

If you have ever withdrawn from, or not successfully completed, a programme or qualification, please explain why below.
(Attach another piece of paper if your answer doesn't fit in the area below.)

Student Initials

Parent's Initials

Proof of Identity and Proof of Citizenship

This should be an official photo ID

We are legally required to verify the identity and citizenship of every student. You can do this by submitting a **photocopy of your passport** or **scan of your passport**, then bring the original to the interview with you. You will need to submit proof of citizenship and right to study in New Zealand at enrolment.

Further Questions

Are you a caregiver for a child, relative or friend? (Family commitments)

Yes

No

Explain in detail your reasons for wanting to study and work in this industry. Please be specific. (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

Student Initials

Parent's Initials

Health and Safety

Please answer truthfully

Are there supports that would help you while learning with us? Your response allows us to let you know what assistance might be available through us. Please select all of the supports you might need.

The information you provide is collected for statistical purposes and helps make education more accessible to all students.

- | | | | |
|--|--------------------------|---|--------------------------|
| Access to assistive technology (e.g., for reading, writing, communication) | <input type="checkbox"/> | Support with reading, writing, and communicating in learning sessions, exams, and assessments | <input type="checkbox"/> |
| Accessible format resources for course content | <input type="checkbox"/> | Other learning or disability support | <input type="checkbox"/> |
| Mobility and transport (e.g., navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan) | <input type="checkbox"/> | No – I do not need support at this time | <input type="checkbox"/> |
| New Zealand Sign Language interpreter | <input type="checkbox"/> | | |

Do you describe yourself as:

<ul style="list-style-type: none"> • disabled; • deaf; • neurodiverse; 	<ul style="list-style-type: none"> • tangata whaikaha Māori; • living with a long-term physical condition; and / or • living with a long-term mental health condition? 	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	---	--------------------------	-----	--------------------------	----

The information you provide is collected for statistical purposes and helps us understand our students.

Next, we're going to ask you questions around your health and safety. We ask these questions to be aware of the best way we can approach health and safety with you, so please be open and honest with us. We'll ask questions around your:

- | | | | |
|-------------------|----------------------|-----------------------|--------------------------|
| • Physical health | • Skin conditions | • Mental health | • Piercings |
| • Medication | • Sensory conditions | • Learning conditions | • Behavioural conditions |

You may need to provide written evidence from a qualified medical or education practitioner, and you may need additional outside support (outside NaSA and at your own cost) in cases of learning issues.

Do you have, or have you been previously diagnosed with, any medical and / or skin conditions that could affect your participation in your course, your studies or your attendance? Examples include eczema, asthma, and chronic fatigue. Yes No

If "Yes", please list the conditions below. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional. We ask this to be aware of the best way we can approach health and safety with you.

Do you have, or have you been previously diagnosed with, any mental health conditions that could affect your participation in your course, your studies or your attendance? Examples include anxiety and depression. Yes No

If "Yes", please list the conditions below. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional. We ask this to be aware of the best way we can approach health and safety with you.

Do you have any facial and / or body piercings (including internal)? Yes No

If "Yes", please list the piercings and locations. We ask this to make sure none of our treatments cause metal to leech into your skin (if possible).

Do you take any regular, ongoing and / or current medication? Yes No

If "Yes", please list the medication below. We ask this to make sure you are not contraindicated to treatments you perform / have performed on you.

Health and Safety continues on the next page.

Student Initials	Parent's Initials
------------------	-------------------

Health and Safety (Continued)

Please answer truthfully

Have you been hospitalised in the last 12 months?

Yes No

If "Yes", please list when and why below. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional. We ask this to be aware of the best way we can approach health and safety with you.

Do you have any conditions that impair or affect your sensory systems?

Yes No

If "Yes", please list these conditions below. We ask this to be aware of the best way we can approach health and safety for you.

Do you have any learning conditions, like dyslexia, dysgraphia, auditory or visual processing disorders, et cetera?

Yes No

If "Yes", please list the learning conditions below. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional. We ask this to be aware of the best way we can try to support you while you are studying with us.

Do you have any behavioural and / or attention conditions, like ADHD or any other neurological condition or disorder in this area?

Yes No

If "Yes", please list the conditions below. You may need to supply a diagnosis or medical clearance from a qualified medical or other professional. We ask this to be aware of the best way we can try to support you while you are studying with us.

Have you ever been charged with, or received diversion from, or convicted of, a serious crime? You have the right to conceal any minor offence occurring over 7 years ago if unrepeatable and as per the Criminal Records (Clean Slate) Act 2004 and its subsequent amendments, providing you meet all other conditions in the Act.

Yes No

If "Yes", please list the crimes and circumstances below.

Application continues on the next page.

Student Initials

Parent's Initials

Your Acknowledgement and Declaration

**This form does not automatically enrol you in a programme.
You will need to complete the course kōrero and enrolment processes before you are fully enrolled.**

In this document, the following substitutions will apply:

- The applicant is herein referred to as “you”
- Aesthetics House Limited trading as The National School of Aesthetics is herein referred to as “we”

To view our Terms of Conditions of Enrolment and our policies and procedures, see:

- nasa.co.nz/enrol/terms-and-conditions-of-enrolment/
- sections on nasa.co.nz and / or the [Student Handbook](#)

You understand that by submitting this application, you agree to read, understand and comply with the Terms and Conditions of Enrolment; the policies and procedures; the rules and regulations; and any other documentation and requirements around the programme you are applying for published by Aesthetics House Limited trading as The National School of Aesthetics— including but not limited to fee payment requirements, health and safety requirements, privacy requirements, behavioural guidelines and disciplinary procedures, attendance requirements and absenteeism limits, and assessment requirements.

You understand and agree that Aesthetics House Limited trading as The National School of Aesthetics will collect, store, use and disclose personal information in order to conduct our normal and proper business. You have read and understand how we will manage and disclose such information in accordance with the Education and Training Act 2020, Privacy Act 2020, any other relevant legislation and their subsequent amendments.

Declaration, Your Signature, and Your Guardian’s Signature (Where Applicable)

I, the student, declare that, to the best of my knowledge, all the information supplied on, and with, the Application Form is true and complete. I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I confirm I can and will pay all fees and extra expenses as they are due.

I understand Aesthetics House Limited trading as The National School of Aesthetics reserves the right, at any time before or during the programme, to terminate my application or enrolment if I have provided fraudulent, forged or otherwise dishonest documentation and / or misrepresented myself or my circumstances when providing information for my application, my enrolment or any other information at the school.

I confirm I am the person named on this form.

Your signature

Date

Day		Month		Year			

Guardian’s signature

Date

Day		Month		Year			

Signature on behalf of Aesthetics House Limited trading as The National School of Aesthetics

Signature

Date

--	--	--	--	--	--	--	--

Name

Student Initials

Parent’s Initials

Return this form with supporting documentation to:

Email	Physical Address <i>Courier only</i>	Postal Address <i>Post only</i>
<p>enrol@nasa.co.nz</p>	<p>The National School of Aesthetics 134 Antigua Street Addington Christchurch 8024</p>	<p>Admissions The National School of Aesthetics PO Box 1582 Christchurch 8140</p>

If you downloaded this form and filled it out electronically, you must initial each page and sign and date the last page before submitting it. If you are under 18, your legal guardian must do the same.

**Scanning your documents? For guidance on what is and isn't acceptable, see:
www.nasa.co.nz/enrol/application/#scanning-or-taking-photos-of-your-documentation**

Your Checklist

This sheet is for your records

Ensure you have completed the following:

- Read the course information pack and understood the terms and conditions of your application
- Completed all sections in the application form
- Initialled every page in the application form
- Parent or legal guardian initialled every page (if you are under 18 years old at the time of this application)
- Signed and dated the declaration on the last page of this application form
- Parent or legal guardian signed and dated the declaration (if you are under 18 years old at the time of this application)
- Attached evidence of citizenship and identity as listed above.
- Attached evidence of any qualifications to meet the entry criteria. Please attach your highest-level qualification.
- Attached any evidence or reports regarding medical conditions or learning conditions.
- Ensured you can afford this programme and its extra expenses.
- Kept a copy of this application form for your records.