**CIBTAC Student 2024 - Entry Form**

Please complete the below form accurately, including as much relevant information as possible. Please be aware of the word count for each section. Failure to stay within the maximum word count may result in disqualification.

Please note the additional supporting information required to enter this award, which is detailed on the last page. Failure to supply all the requested information may result in disqualification.

**Section 1 – Contact details**

|  |  |
| --- | --- |
| Full name: |  |
| CIBTAC Qualifications (enrolled on and completed by) |  |
| CIBTAC Centre: |  |
| Email address: |  |
| Social Handles: |  |
| Contact number: |  |
| Signature: |  |
| Date: |  |

**Section 2 – About you**

Tell us a little bit about yourself and why you think you should win this award

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| *300 words maximum* |

**Section 3 – Evidence**

3.1 Which **one** treatment do you think you perform **best and why**?

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|  |

3.2 Tell us how you ensure the highest standards when practicing/performing this treatment, including health and safety, hygiene, client care and customer service:

|  |
| --- |
| *300 words maximum* |

3.3 Please outline how you have achieved success in your education over the past 6 – 12 months:

|  |
| --- |
| *500 words maximum* |

**Section 4: Supporting documents**

Please use the checklist below to ensure you have provided the required supporting information to enter this category:

* Qualification and training certificates (or proof of enrolment and any examination grades if not yet qualified)
* Reference from tutor (please provide contact details for verification of authenticity)
* Signed terms & conditions
* Further evidence as Stipulated in the ‘How to Enter Form’ (please note these vary for each category so ensure you have read the correct how to enter form)

**REMEMBER:** Failure to supply **all** the above information may result in disqualification