

Lash Specialist 2017 - 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 page 5. Failure to supply all the requested information may result in disqualification.

Section 1 – Contact details

Full name:	
BABTAC Membership number:	
Business name and address:	
Email address:	
Contact number:	
Signature:	
Date:	

Section 2 – Your experience

2.1 Please provide a brief overview of your relevant experience for this category (refer to the ‘**How to Enter**’ form for the skills and experience required for this category):

300 words maximum

2.2 Tell us why you think you should win this award:

300 words maximum

Section 3 – Evidence

3.1 Which **one** lash treatment do you think you perform **best**?

3.2 Tell us how you ensure the highest standards when 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 career over the past 6 – 18 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 certificates
- ☐ A copy of your relevant CPD record
- ☐ BABTAC membership certificate / Proof of insurance
- ☐ Signed and dated terms & conditions
- ☐ 15 minute video (DVD or link to view online) showcasing the key skills and techniques relevant to performing lash treatments.

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