



Est. 1946

CIDESCO

Comité International d'Esthétique et de Cosmétologie

CIDESCO SCHOOL APPLICATION

This Document relates to a Training Establishment applying for Accreditation to offer CIDESCO INTERNATIONAL Examinations.

DATE OF APPLICATION: _____

NAME OF SCHOOL: _____

ADDRESS OF SCHOOL: _____

TEL: _____ **FAX:** _____ **E-MAIL:** _____

WEBSITE ADDR: _____

DATE OF SCHOOL ESTABLISHED: _____

MEMBER OF NATIONAL SECTION: _____

DATE OF JOINING: _____

NAME OF PERSON RESPONSIBLE FOR THE MANAGEMENT OF THE SCHOOL:

SCHOOL PROPRIETOR: _____

COMPANY INDIVIDUAL

COPY OF SCHOOL REGISTRATION DOCUMENTATION TO BE ENCLOSED

NAME AND POSITION OF PERSON COMPLETING THIS APPLICATION:

SCHOOL BANK ACCOUNT DETAILS: _____

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PRACTICAL TRAINING EQUIPMENT		
ELECTROTHERAPY TREATMENT EQUIPMENT		
	Quantity	Remarks
Facial steamers / Vaporizers		State with/without ozone
Vacuum Suction-facial		
Galvanic-facial		
High Frequency		
ElectroMuscle Stimulation (faradic)-facial		
Microcurrent-facial		
Vacuum Suction-body		
G5 or similar Vibromassage		
Galvanic-body		
ElectroMuscle Stimulation (faradic)-body		
Microcurrent-body		
Interferential current		
Strip wax heaters		
Hot wax heaters		
Electrical epilation-high frequency		
" " -Blend		
Paraffin wax heaters		
Infra red lamps		
Ultra violet lamps		
Steam cabinet		
Sauna		
Hydrotherapy Equipment		
Autoclave		
Other sterilisation methods		
Sanitisation equipment		
Any other equipment		

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FURNITURE		
	Quantity	Remarks
Couches (suitable for face and body treatment)		
Facial chairs		
Stools		
Trolleys		
Magnifying lamps		
TEACHING RESOURCES		
White/black board		
Overhead projectors		
Slide projectors		
Video camera		
Video recorder		
Anatomical models		
Wall charts		
Photocopier		
Word Processor		
Internet		
TEXTBOOKS USED BY STUDENTS		
SCHOOL LIBRARY OF REFERENCE MATERIAL		
PRINTED NOTES		
Any other		

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DETAILS OF TEACHERS AND THEIR QUALIFICATIONS – Listed in order of Seniority

Name of Principal or Senior Teacher _____
Employed since _____
Number of hours employed per week _____
Subjects taught _____

Qualifications: _____
CIDESCO diploma (date & number) _____

Name _____
Employed since _____
Number of hours employed per week _____
Subjects taught _____

Qualifications: _____
CIDESCO diploma (date & number) _____

Name _____
Employed since _____
Number of hours employed per week _____
Subjects taught _____

Qualifications: _____
CIDESCO diploma (date & number) _____

Name _____
Employed since _____
Number of hours employed per week _____
Subjects taught _____

Qualifications: _____
CIDESCO diploma (date & number) _____

Visiting Lecturers and Subject taught:

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TRAINING HOURS

Date courses commence: _____

Number of hours per week: _____

Number of weeks duration: _____

Total number of hours Training on CIDESCO Course: _____

Other Qualification offered to students: _____

Hours required for this other qualification: _____

HOLIDAY DATES DURING THE COURSE

Commencing: _____

Finishing: _____

Please enclose:

Floor plan of School Premises

Timetable of 1200 (or more) hours

Daily Register of student attendance details (example)

Name of products used (minimum of 2 brands) one of each must be international

Please note:

A School must have been established for at least 2 years before an application can be processed.

Minimum number of Training hours 1200

Owner, Principal of School or responsible teacher must be a CIDESCO Diploma holder

I/We agree to abide by the Rules and Regulations for CIDESCO Accredited Schools. I/We accept that no further Correspondence will be entered into.

Signature of School Owner: _____ Date: _____

Please print _____