



EST. 1946

# CIDESCO

THE WORLD STANDARD FOR BEAUTY & SPA THERAPY

## CIDESCO SALON APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ (day/mth/yr)

TYPE OF SALON: BEAUTY SALON  SPA SALON

NAME OF SALON: \_\_\_\_\_

ADDRESS OF SALON: \_\_\_\_\_

\_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

DATE OF ESTABLISHMENT: \_\_\_\_\_

Member of CIDESCO National Section: Yes / No

Date of Joining: \_\_\_\_\_

Salon Manager \_\_\_\_\_

Salon Owner \_\_\_\_\_

COMPANY  INDIVIDUAL

**Please ensure the following are enclosed with this application:**

- A copy of the Salon registration with local / national authorities (where applicable) together with documents evidencing its legal existence.
- Plan of the Salon premises showing where treatment areas (cubicles, rooms), electrical sockets, running water (hot and cold), toilets, office/s, store-room/s, windows are available. There should be separate reception, treatment rooms. Photographs must be included with the plans.
- A copy of the Salon client liability insurance as defined in Salon Rules Section 1.3.1.



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## CIDESCO SALON APPLICATION

Inspector use	<b>TREATMENT FURNITURE AND EQUIPMENT</b>		
		<b>Quantity</b>	<b>Remarks</b>
	Couches		
	Facial chairs		
	Stools		
	Trolleys		
	Magnifying lamp		
	Autoclave or equivalent heat method of sterilization		
	Washroom and Toilet facilities		
	Showers		

Inspector use	<b>ELECTRICAL EQUIPMENT</b>		
	<b>Equipment</b>	<b>Quantity</b>	<b>Remarks</b>
	Autoclave or equivalent heat method of sterilization		
	Vaporizer (steam)		
	Wax heaters (strip or hot wax)		
	High Frequency units		
	Facial and/or Body Galvanic		
	EMS Faradic type face and/or body		
	Vacuum Suction units (face / body)		
	Mechanical massagers		
	Interferential current unit		
	Micro-current		
	IPL, Laser		
	Ultrasound		
	Micro-dermabrasion		
	Endermologie		
	Electrical Epilation units (hair removal)		



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### DETAILS OF STAFF AND THEIR QUALIFICATIONS

**Name of Owner/s:** \_\_\_\_\_  
Ownership since \_\_\_\_\_  
Number of hours employed per week \_\_\_\_\_  
Specialized in \_\_\_\_\_  
\_\_\_\_\_  
Qualifications \_\_\_\_\_  
If applicable CIDESCO diploma (date & number) \_\_\_\_\_  
(Inspector use )

### Name of person responsible for management if different from above:

Employed since \_\_\_\_\_  
Number of hours employed per week \_\_\_\_\_  
Specialized in \_\_\_\_\_  
\_\_\_\_\_  
Qualifications \_\_\_\_\_  
If applicable CIDESCO diploma (date & number) \_\_\_\_\_  
(Inspector use )

### Staff:

Name of Employee \_\_\_\_\_  
Employed since \_\_\_\_\_  
Number of hours employed per week \_\_\_\_\_  
Specialized in \_\_\_\_\_  
\_\_\_\_\_  
Qualifications \_\_\_\_\_  
If applicable CIDESCO diploma (date & number) \_\_\_\_\_  
(Inspector use )

Name of Employee \_\_\_\_\_  
Employed since \_\_\_\_\_  
Number of hours employed per week \_\_\_\_\_  
Specialized in \_\_\_\_\_  
\_\_\_\_\_  
Qualifications \_\_\_\_\_  
If applicable CIDESCO diploma (date & number) \_\_\_\_\_  
(Inspector use )

Name of Employee \_\_\_\_\_  
Employed since \_\_\_\_\_  
Number of hours employed per week \_\_\_\_\_  
Specialized in \_\_\_\_\_  
\_\_\_\_\_  
Qualifications \_\_\_\_\_  
If applicable CIDESCO diploma (date & number) \_\_\_\_\_  
(Inspector use )



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## CIDESCO SALON APPLICATION

**I agree to abide by the Rules and Regulations for CIDESCO Accredited Beauty and / or Spa Salon, and by the CIDESCO Trade Mark Rules and by the CIDESCO Code of Ethics.**

**We the Salon agree to abide by National/local Occupational Health and Safety Regulations**

**We the Salon maintain appropriate insurance for its premises and facilities and clients.**

Signature of Salon Owner: \_\_\_\_\_

Please print: \_\_\_\_\_

Date: \_\_\_\_\_ (day/mth/yr)