



CIDESCO

THE WORLD STANDARD FOR BEAUTY & SPA THERAPY

CIDESCO Teacher Training registration

NAME OF SCHOOL: _____

DATE: _____ (day/month/year) **School Code:** _____

DETAILS OF TEACHERS AND THEIR QUALIFICATIONS

Name of responsible teacher: _____

Employed since: _____

Date: _____

Subjects taught: _____

Qualifications: _____

CIDESCO Certificate/Diploma (date & number) if applicable _____

Name of teacher: _____

Employed since: _____

Date: _____

Subjects taught: _____

Qualifications: _____

CIDESCO Certificate/Diploma (date & number) if applicable _____

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Name of responsible teacher: _____

Employed since: _____

Date: _____

Subjects taught: _____

Qualifications: _____

CIDESCO Certificate/Diploma (date & number) if applicable _____

Please enclose:

Copies of the relevant qualification papers of all full-time and part-time teachers and visiting lecturers

Visiting Lecturers, subjects taught and hours per week/month

Signature of School Owner: _____ Date: _____ (day/month/year)

Please print name _____