



HiHiP

**HILOT AT HILOM PILIPINAS
WELLNESS TRAINING & RESOURCE CENTER**
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www.myhomespa.ph

1 x 1
ID Photo

TRAINING COURSE APPLICATION FORM

It is the applicant's responsibility to provide accurate and current information. Please fill out this form in CAPITAL letters.

DESIRED COURSE	<input type="checkbox"/> Basic <input type="checkbox"/> Certification <input type="checkbox"/> Licensure	MESSAGE KNOWHOW	<input type="checkbox"/> By Reading <input type="checkbox"/> By Receiving <input type="checkbox"/> None <input type="checkbox"/> By Giving	REASON FOR ENROLLING	<input type="checkbox"/> Other <input type="checkbox"/> Employment <input type="checkbox"/> Personal Growth
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<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Family Name	Given Name	M.I.	Nickname
Permanent Address			Telephone No.	
			Cellphone No.	
Person to contact in case of emergency:			Email Address	

PERSONAL INFORMATION

Birth Date (MM-DD-YYYY)	City of Birth	Civil Status	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> TRANSITIONING	Citizenship	Religion	SSS or GSIS No
Height	Dominant Illnesses, Ailments, or Handicaps	Medications & Treatments		Sports, Hobbies, Interests, Talents		Languages Spoken
Weight						
Blood Type						

FORMAL & INFORMAL EDUCATION *

NAME OF SCHOOL	DATES ATTENDED		FIELD OF STUDY	TYPE OF CERTIFICATION (Certificate, Diploma, Degree)
	FROM	TO		

* Please attach true copies of High School or College transcripts and other relevant certifications.

EMPLOYMENT RECORD

NAME OF COMPANY / EMPLOYER	PERIOD OF EMPLOYMENT		POSITION / OCCUPATION	CONTACT PERSON
	FROM	TO		

Please trace your hand at the back of this application form and sign the sketch. If you have any questions, please write these down on a separate sheet of paper. You may also include additional information which you feel might be relevant to the Course you are applying for. You may attach your resumé, community service and leadership records, personal achievements, awards, and a further explanation of your goals for enrolling in wellness and massage therapy.

PRIVACY STATEMENT

Information collected on this form is to be used for the purposes of admitting applicants to a HiHiP Wellness Training Course. Once an applicant has been admitted, the information will be used in the conduct of HiHiP's normal operations. No information collected herein shall be provided to any third party for any commercial purpose whatsoever without the prior consent of the applicant.

DECLARATION

I hereby apply for admission to the HiHiP Wellness Training Course I have indicated above. I promise to comply with the norms of ethics, discipline and study demanded by the course. I certify that the information submitted in this application is true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE
