



## APPLICATION FORM

### 'Beauty in all its Forms Project'

**'Hairdressing Assistant' Training & Employment Programme  
by Down Syndrome Ireland in partnership with ALFAPARF  
Milano Ireland**

Name:	
Date of Birth:	
Address:	
<b><u>Next of Kin (Parents/Guardians)</u></b>  Name's:  Email Address's:  Telephone Number's:  Address:	

<p>Are you a member of your Local Branch of DSI:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please state which branch: _____</p>
<p>Do you attend a day service:</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please state which service: _____</p>

<p>Have you done any DSI Adult Education Programmes (e.g. Latch-On/MOTE/NAC)?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please state which programme(s) and year of graduation</p> <p>_____</p> <p>_____</p>
<p>Have you attended a Personal Development Workshop run by your Local DSI Branch?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, what year did you complete this programme?</p> <p>_____</p>

<p>Have you attended any other Further Education Courses outside of DSI?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, please state which programme(s) and year of graduation</p> <hr/> <hr/>
<p>Do you have a job or have you ever had a job?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, where?</p> <hr/> <hr/>
<p>If your application is successful, please indicate where you are available to do your internship (what county or town)</p>	
<p>Please include a picture of your favourite hairstyle OR a description of someone you consider to be a beautiful person (Beauty in all its Forms is a project that promotes all types of beauty including inner beauty)</p>	<p>Please use additional pages</p>

<p>Will you need any extra help because of physical or medical issues?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes please give details _____</p> <p>_____</p>
<p>Places on this program are limited. Are you interested in us contacting you for the next round or future rounds?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>We will be taking images &amp; videos for promotional purposes. Do you consent to us using your images and interviews for this?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes please sign below</p> <p>_____</p>

**Please return completed application forms by post to:**

Down Syndrome Ireland, Unit 3 Parkway House, Western Parkway Business Park, Ballymount Drive, Dublin 12, D12 HP70 (FAO Aoife Wemyss)

**ALFAPARF**  
MILANO

Beauty  
IN ALL ITS  
forms



**Or via email to:**

**[aoife@downsyndrome.ie](mailto:aoife@downsyndrome.ie)** (please include “ALFAPARF Milano Training” in the  
**Subject Line**

**For queries please contact:**

Aoife Wemyss by email (see above)

*Please note that the February intake for this Training Program is full, however applicants are still invited to submit application form to the above address. All applications will be kept on file and applicants will be contacted once future dates are secured.*