

Please Tick

- CLASSIC
- CLASSIC & HYBRID
- RUSSIAN VOLUME



**Student Registration Form**  
Please Complete in full & Attach ID Copy

FULL NAME

FULL ADDRESS  
POST CODE

SALON/BUSINESS NAME

EMAIL ADDRESS

CONTACT NUMBER

HOW DID YOU FIND OUT ABOUT US?

FACEBOOK/INSTAGRAM TAG

facebook.com/  
uklashinstitute.com  
@uklashinstitute  
@lmlashesinternational

PLEASE CIRCLE

Are you a Teacher/Trainer/Educator? YES/NO

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The data taken from this form is to ensure we can safely perform training and contact you should we ever need to, regarding your training course or any problems. The data will be stored in compliance to the General Data Protection Regulation and kept for 7 years in line with our legal obligations. The data will not be shared with any other 3rd party. You may request to opt out and withdraw consent at anytime by writing to UK Lash Institute directly, however we will no longer be able to have you as a student or have any further trainings with you.

**Please tick any of the boxes to consent for UK Lash Institute/Educator that you are happy to be contacted regarding your treatment.**

Telephone     Social Media     Email     No Consent

**Please tick one box to consent for UK Lash Institute/Educator to use photos of you or any photos of your work on our social media pages.**

Yes     No

**Please tick one box to consent if you would like to subscribe to UK Lash Institute emails regarding new training courses, new products and discount days.**

Yes opt me in.     No thank you.

STUDENT SIGNATURE

STUDENT NAME

DATE