



REQUEST FOR AN AUTHORITY TO WORK

NB: An application for registration must be lodged with the Hairdressers Registration Board before an application for an Authority to Work will be considered

To the Hairdressers Registration Board of Western Australia

I
(Please Print Full Name Clearly)

of
(Street Address)

..... WA
Suburb Postcode Tel No

hereby request an Authority to Work as an employee of:

Salon Name:

Salon Address:
(Street Address)

..... WA
Suburb Postcode Tel No

Owner's Name:
(Please Print Full Name Clearly)

Owner's/Manager's* Signature Date
(please circle one or both Titles)

.....
(* If the Manager is not the Owner, please also print name clearly)

Name of the Registered Principal Hairdresser who will be your supervisor:

..... Reg No.
(Please Print Full Name Clearly)

Candidate's Signature Date

(Please note: The Board's offices are located on the 1st Floor, 46 Salvado Road Wembley WA 6014)