

CHANGE OF EMPLOYMENT DETAILS FORM

Dear Salon Owner,

Please be advised that you are required under the Hairdressers Registration Regulations to notify the Board whenever you employ new hairdressing staff, or one of your hairdressing staff ceases employment with your salon.

SALON DETAILS— to be completed by the Salon Owner

Salon Name: _____

Salon Address: _____

Salon Owner/s Names: _____

Salon Owner/s Contact Details: (H): _____ (w): _____

(M): _____ (E): _____

Number of Staff: Principals: _____ Employees (seniors): _____ Apprentices: _____

To be completed when a hairdresser commences or ceases employment.

HAIRDRESSER DETAILS

Commencement Date: _____

Completion Dated: _____

Name: _____

Address: _____

Contact Details: (H): _____ (W): _____

(M): _____ (E): _____

Type of Registration: Principal / Employee (senior) / Apprentice (1st, 2nd 3rd or 4th Year)

Class of Registration: Ladies Inclusive / Men's Inclusive / Combined / Ladies Limited / Men's Limited (please circle)

HAIRDRESSER DETAILS

Commencement Date: _____

Completion Dated: _____

Name: _____

Address: _____

Contact Details: (H): _____ (W): _____

(M): _____ (E): _____

Type of Registration: Principal / Employee (senior) / Apprentice (1st, 2nd 3rd or 4th Year)

Class of Registration: Ladies Inclusive / Men's Inclusive / Combined / Ladies Limited / Men's Limited (please circle)

FAX NUMBER: (08) 9388 0820
POSTAL ADDRESS: PO BOX 463, WEMBLEY WA 6913