



Licensed Bather of Achievement Program.

Non Vocational

APPLICATION FORM FOR MEMBERS ONLY, If you have not renewed your membership or are not a member you must renew or join first to enter into the Licensed Bather of Achievement Program.

This program does not require approval under the Private Career Colleges Act, 2005.

The Applicant must complete this Application Form in full and submit full payment to the National Groomers Association of Canada. Enrollment into the Bathing Program is for members of the NGAC only. Please remember to renew your membership or activate your membership before submitting your interest in the Licensed Bather of Achievement Program.

Application must be e-mail to info@nationalgroomer.com

All members and individuals who enroll in the Licensed Bather of Achievement Program agrees to abide by the NGAC Code of Ethics and Code of Practice.

Please note there are Six (6) pages to this application including the cover sheet.

This is a formal document that you are submitting to the NGAC by placing your signature, you abide by the Code of Ethics and the Code of Practice set by the National Groomer Association of Canada and we therefore request you make one copy for your records and hold it for safekeeping.

Upon acceptance into the Bathing Program you will be sent information and your Enrollment contract stating your training location and start date.

NGAC Annual membership fee: \$250 + \$32.50 HST = 282.50



NGAC MEMBERSHIP NUMBER:

Section 1 Applicant information

Male

Female

Left handed

Right handed

Name

Date of Birth

Address

City

Province

Postal Code

Country

Home phone

Cell

Business

email

Website

Emergency contact name

Emergency contact phone number

Emergency contact Relationship to applicant

Cell

Do you presently own a canine/s

Do you presently own a felines/s

Yes

No

Yes

No

Identify the number of animals you presently have in your household:

0

1

2

3

4

5

5+

Identify the number of years, past or present, that you have been a pet owner:

Third Party Information:

Is this application paid by a third party? Yes No

If yes, please fill in the information of the Third Party.

Name of the company

Business address

Business phone number

Name of the authorized person for the third party

What is the position you hold in the third party company

President Vice President Sole Proprietor

Does the authorized person named above for the third party have the authority to sign on behalf of the third party named above?

Yes No

Section 2 Course Location:

Please choose the locatiion you wish to attend

- Scarborough --123 Guildwood Parkway Scarborough, ON M1E 4V2 (416) 724-1637
- Mississauga --92 Lakeshore Road East, Mississauga, ON L5G 4S2 (905)-278-9663
- Toronto --317 Millwood Road, Toronto, Ontario M4S1J9 (416)-962-7877

START DATES: Tuesday of every Week or to discuss with each training center. Start time and dates will be e-mail to you directly.

Section 3: Bathing Program Fees:

Course Fee:	\$	850.00
Grooming Fundamentals Manual:	\$	75.00
HST:	\$	126.10
Total:	\$	1096.10

Total Amount due for the Licensed Bather of Achievement Program:
\$1096.10

Payment method: e-transfer

Applicant will be provided with protective covering for clothes.
Applicant provide own mask, gloves, ear plug when grooming.

Appropriate taxes must be paid based on the Provincial Taxes that need to be applied.

All applicable taxes are based on the location of the educational facility.
The submission and translation of all required documents and fees are entirely the responsibility of the applicant

Section 4: Course Outline:

1. General Safety Measures in the Animal Pet Grooming World.
2. History and Understanding Animal Behavior.
3. Health Facts of Animal and Diseases.
4. Groomer Career Development.
5. Hands on practical work to learn the art of nail cutting, ear cleaning, bathing, drying, and comb-outs.

Curriculum Timetable: 35 Hours in Total
Classroom hours begin sharply at 8:30 am.

Certificate of Completion of the Licensed Bathing Program will be given to the applicant as Licensed Bather of Achievement through the National Agency of Pet Grooming Schools.

Section 5 Medical History:

Name of family Doctor

Doctor's Tele/FAX Numbers:

Address of Doctor:

City

Province

Postal Code

Reason for your last Doctor visit

Date of last Tetanus shot:

Have you ever been hospitalized?

Yes

No

If yes, briefly explain the reason, duration and date:

Have you had in the past, or have now, an emotional or psychological problem or a physical condition, including any Infectious disease, which has required extended professional care or that has limited your activity in any way?

Yes No

If yes, describe the condition or problem, indicating its duration, what care was needed and what care (if any) is still needed:

Please check off the appropriate boxes:

Allergies	Yes No	Please list if yes:
Diabetes	Yes	No
Epilepsy	Yes	No
Heart Condition	Yes	No
High Blood Pressure	Yes	No
Impaired Vision	Yes	No
Alcoholic	Yes	No
Mood-altering	Yes	No

Name of drugs presently being taken

Prescribing Doctor

Section 6 Date and Signature

Payment terms:

Upon admission to NGAC Bathing Program 100% of the Tuition is due immediately upon acceptance and arranging for your training.

I certify that the information contained in this application and all supporting materials are complete and accurate. I understand that submission of inaccurate information can be considered sufficient cause for terminating my application or enrolment in the NGAC Bathing Program.

I understand that all items submitted in support of this application become the property of the National Groomer Association of Canada and will not be returned to me.

I also understand that if I have submitted incomplete application, the processing of my application will be significantly delayed.

As this course is considered Non-Vocational I realize that fees paid to NGAC will not be available to me as a Tax rebate under Student Tuition Fees on my personal income tax remittance. However, I realize that if I register a Sole Proprietorship or a Limited Company that all Fees Paid towards my course and my business learning will be considered as a Business Deduction by the Tax Department.

I have read the above and agree that I will abide by the NGAC Code of Ethics and Code of Practice.

_____ Date
Signature of Applicant

Signature of Parent/and or Guardian if under 18 years of age:

Address of Parent/and or Guardian

Telephone Number and e-mail address of Parent/and or Guardian

All applicable taxes are based on the location of the educational facility.

Tuition Fees are subject to change without notice.

The submission and translation of all required documents and fees are entirely the responsibility of the applicant.