Certificate II in Retail Make-up and Skin Care | SIB20110

Kiama Community College Inc. will shortly commence ‘Certificate II in Retail Make-up and Skin Care’. This course is suitable for anyone wishing to step into the Retail, Make-up or Beauty Therapy industry. With the skills you acquire in this course, you can contract or set up a mobile or freelance make-up business catering for weddings, formals, special occasions, cosmetic department’s stores or work in glamour shot photography makeup.

Commences: Thursday 18th February 2016
Concludes: Friday 20th May 2016
Attendance: Thursdays & Fridays 9.30am-4pm for 12 weeks
Venue: Flawless Makeup Academy, Suite 20-21, Level One
2 Memorial Drive, Shellharbour City Centre, 2529

Core Units:
• SIBBFAS201A Demonstrate retail skin care products
• SIBXCCS201A Conduct financial transactions
• SIRXCLM001A Organise and maintain work areas
• SIRXCOM001A Communicate in the workplace
• SIBXFAS201A Design and apply make-up
• SIRXIND001A Work effectively in a retail environment
• SIRXMER001A Merchandise products
• SIRXOHS001A Apply safe working practices
• SIRXRPK002A Recommend hair, beauty and cosmetic products and services
• SIRXLS001A Sell products and services

Elective Units:
• SIBXCCS202A Provide service to clients
• SIBXFAS202A Design and apply make-up for photography
• SIBBSKS302A Apply cosmetic tanning products
• SIBBNLS201A Work in a nail services framework
• SIBBNLS202A Provide manicure and pedicure service

*This course is subsidised by the NSW Government. You may also be eligible to access a fee-free scholarship. Visit www.smartandskilled.nsw.gov.au for more information.
# Client Referral

**Email Referral Forms To:** info@kcc.nsw.edu.au  
**Please call the College to confirm course availability**

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This form is to be used for the purpose of referring clients with the intention of enrolling them in an approved training program.

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## Section A – Please complete all fields below with participant's details

<table>
<thead>
<tr>
<th>Job Seeker’s Details:</th>
<th>Employment Service Provider Client ID:</th>
<th>Centrelink Ref #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Suburb:</td>
<td></td>
</tr>
<tr>
<td>Postcode:</td>
<td>State:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Gender (Male/Female):</td>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td>D.O.B.</td>
<td></td>
</tr>
</tbody>
</table>

### What is your client's residency status?
- Australian citizen: [ ]
- Australian Permanent resident: [ ]
- Humanitarian visa holder: [ ]
- New Zealand citizen: [ ]
- Other – please specify: [ ]

### Is the client an Aboriginal or Torres Strait Islander?
- Yes: [ ]
- Please specify: [ ]
- No: [ ]

### Does the client have a disability?
- Yes: [ ]
- If Yes, please specify disability assessment type:
  - Recipient of disability support pension: [ ]
  - Assessed by medical Practitioner, an appropriate government agency or person, or a specialist allied health professional as a student with disability: [ ]
- No: [ ]

### Is the client a dependent child or spouse of a person in receipt of a disability support pension
- Yes: [ ]
- No: [ ]

### Has the client been unemployed long-term ie over 12 months
- Yes: [ ]
- No: [ ]

### Are you living in NSW social housing; or are you or your household on the NSW Housing Register
- Yes: [ ]
- No: [ ]

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## Section B – Proof of Eligibility

**Evidence Required on Request**

The client understands that evidence of citizenship must be produced on request, including one of the following:

- Original Birth certificate, or Certified copy of same
- Original Australian or New Zealand Passport or Certified copy of same
- Green Medicare card
- Naturalisation Certificate
- Humanitarian Visa
- Certificate of Evidence of Resident Status (CERS)
- For Aboriginal or Torres Strait Islander students, the student signature of proof of Aboriginality required for a fee exemption will be accepted as proof of citizenship

The following are required to be submitted/recorded with Application

- Copy of CRN card
- USI number recorded
### Section C – Education

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the client still at school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> Only eligible for CSO if still at school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What year did the client finish school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the highest COMPLETED school level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your client achieved any qualifications since turning 17?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If ‘Yes’, what is the highest level of post school qualification achieved?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your client registered or is intending to be registered in an apprenticeship or traineeship for the selected/referred qualification in NSW?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your client undertaken any other Smart &amp; Skilled Qualification this calendar year?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D – Please complete all fields below with the referring agency’s details

<table>
<thead>
<tr>
<th>Agency</th>
<th>Full Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**Note:** Please ensure that all questions are answered on this client referral form. Any missing details about your client(s) may result in your referral not being processed. Client details are kept confidentially. If you have any questions regarding this form, please contact the Kiama Community College on (02) 4232 1050 or the Shoalhaven Community College on (02) 4423 0351.

☐ **ENSURE ALL DOCUMENTATION HAS BEEN PROVIDED TO KIAMA COMMUNITY COLLEGE WITH CLIENT REFERRAL EITHER BY POST, EMAIL OR HANDED IN TO:**  
  info@kcc.nsw.edu.au  
  OR  
  PO box 52 Kiama Community College  
  Kiama NSW 2533

**Contact the College for a fee guide for this course.**