

Expressions of Interest
Vocational Graduate Certificate in Cosmeceutical Design & Development

To registered your interest in the Vocational Graduate Certificate in Cosmeceutical Design and Development, please complete the following:

1. PERSONAL DETAILS

Title	Surname	Given Name(s)

Mailing Address

Post Code:

Mobile Telephone Number	Business	Email Address

2. BACKGROUND. *I'm currently a:*

- Beauty Therapist Cosmetic Doctor
 Dermal Therapist Other Health Professional (please state) _____
 Cosmetic Nurse

3. AREA OF INTEREST. *What employment options interest you on completion of this qualification?*

- Design, develop and promote your own range of cosmeceuticals
 Dermal Therapist / Cosmeceutical Developer within a cosmetic medical practice
 Dermal Therapist / Cosmeceutical Developer within a non-medical skin clinic
 Freelance cosmeceutical developer and consultant
 Cosmeceutical company representative/trainer
 Research and development for a cosmeceutical manufacturer/distributor

4. DO YOU WISH TO MAKE ANY COMMENTS ABOUT THE PROPOSED QUALIFICATION?

 Thank you for completing this form. Please return this form to AACDS Administration:
 Suite 1a Arcadia Chambers, 1 Roydhouse St
 SUBIACO WESTERN AUSTRALIA 6008
 F. (08) 9382 4833
 E. enquiries@aacds.edu.au