



2800 WINONA AVENUE
BURBANK, CA 91504

T 818.847.0040
F 818.847.0048
www.csatf.org

**Approved Skills Training for 2010/2011
Local #706
Local Provided Training**

SKILLS TRAINING APPLICATION / COURSE PRE-APPROVAL FORM

Eligibility: In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at: www.csatf.org, Online Roster, General Access. Non-Roster Classification individuals, please see "Special Notes" located on the Reimbursement Acknowledgement Form.

In order to attend CSATTF Skills Training courses, your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. You will receive written notification from CSATTF indicating approval. You are not approved until you have received this notification from CSATTF. All approved applications will have expiration dates. **Training must commence before the expiration date indicated on your notification of approval. NO EXCEPTIONS WILL BE MADE.**

The Skills Training Application consists of the following two (2) forms (both forms **MUST** be completed, signed, and returned as instructed below):

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name: _____ SSN: _____ Local/Classification: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell: () _____

E-mail Address: _____

Course Name (one course per application): _____ Course Number: _____

I have read and understood the CSATTF Skills Training Application and reimbursement guidelines (where applicable), and I hereby agree to abide by all of the terms and conditions contained therein.

Applicant Signature: _____ Date: _____

You will be notified by email unless the box below is checked.

Please send my notification of approval VIA US Mail

For pre-approval determination please return both forms to CSATTF via email to Kkemp@csatf.org, or fax or U.S. Mail.

CSATTF Attn: Skills Training
2800 Winona Avenue
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260
Fax Number: 818.847.0048

FOR OFFICE USE ONLY

Form I-9 Date: _____ Safety: _____ Completed by: _____

Skills Training Application Expires: _____

Application Approved Application Denied

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SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM

In order to attend Skills Training, you must be in good standing, showing on Online Roster for the appropriate participating local union and classification (please see "Special Notes" below). You may check your standing at: www.csatf.org, Online Roster, General Access.

Skills Training Application consists of two (2) forms (one course per application)

- **Course Pre-Approval Form**
- **Reimbursement Acknowledgement Form**

Skills Training Application questions: 818.847.0040 extension 1260.

Training dates, course content, and scheduling questions please contact Local #706 at 818.295.3933

Special Notes:

In order to be pre-approved to attend CSATTF Skills Training Courses, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at www.csatf.org, Online Roster, General Access.

Each course requires one complete two (2) page application and a non-refundable \$50.00 deposit check. Please make checks payable to Make-Up Artists & Hair Stylists Guild, Local 706 and mail both the application and deposit check to:

**Make-Up Artists & Hair Stylists, Local 706
828 N. Hollywood Way
Burbank, CA 91505**

**Please mail your Pre-Approval Application and deposit as soon as possible to reserve your space. Spaces fill up quickly and applications are taken on a first-come-first-served basis.

Reimbursement Guidelines:

N/A

2010/2011 Skills Training courses for Local #706:

- 706-01 The Design, Care & Application of Hair-Lace Wigs & Hair Pieces (hairstylists)
- 706-02 Period Hairstyling (hairstylists)
- 706-03 The Art of Airbrushing (make-up artists)
- 706-04 The Application of Bald Caps (make-up artists)
- 706-05 Application of Prosthetics & Facial Appliances (make-up artists)
- 706-06 Facial Hair Application (make-up artists)

I, _____, have read and understood the CSATTF Skills Training
Print Name

Application, special notes and reimbursement guidelines, and I hereby agree to abide by all of the terms and conditions contained therein.

Signature of Applicant: _____ **Date:** _____