# **SHB20121**

Certificate II in Retail Cosmetics www.larsharcollge.com

RTO31845



# HIGH SCHOOL LEARNER

Certificate II in Retail Cosmetic reflects the role of retail sales personnel involved in a defined range of tasks to sell and demonstrate beauty or cosmetic products. They follow known routines and procedures and work under direct supervision.

This qualification provides a pathway to work as a retail sales consultant in any business that sells beauty or cosmetic products and services. This can include beauty and hairdressing salons, retail outlets and department stores.

This qualification is offered one (1) day a week for the duration of 12 months (1) years, your timetable will determine which day you attend There are no pre-requisites for this qualification

Blended delivery of theory and practical elements all delivered at LarShar College

## **UNITS**

## Core Units

SHBBMUP009 Design and apply make-up Advise on beauty products and services SHBBCCS005 SHBXCCS007 Conduct salon financial transactions Comply with organisational requirements within a SHBXIND003 personal services environment Apply safe hygiene, health and work practices SHBXWHS003

SHBBCCS004 Demonstrate retail skin care products SHBXIND005 Communicate as part of a salon team SIRXIND003 Organise personal work requirements Maintain ethical and professional standards

SIRXOSM002 when using social media and online platforms

## **OVERVIEW**

## **Study Options**

- One (1) day per week)
- Uniform Shirt required
- Class hours 9.00am to 3.00pm
- Classes capped at 16 students
- Classes Monday to Thursday

#### Costs

- VETis Funding (No cost)
- \$3288.95 (if no VETiS) Admin Fee \$75.00 Admin fee is non refundable

## **Payment Options**

- Per term \$822.25
- Per week \$82.22

## **Elective Units**

SHBBINF002 Maintain infection control standards SHBBRES003 Research and apply beauty industry information Greet and Prepare clients for salon services SHBXCCS009 Participate in environmentally sustainable work BSBSUS211 practices

SIRRINV001 Receive and handle stock

SIRRMER001 Produce visual merchandising displays Induction Manual,

and

Enrolment forms can be

downloaded at

www.larsharcollege.com







# SHB20121 Certificate II in Retail Cosmetics

## **QUALIFICATION REQUIREMENTS**

To achieve Certificate II in Retail Cosmetics a total of 15 units must be completed

9 Core units 6 units

#### **DURATION & DELIVERY**

This course for high school students is delivered as a 12 months (1) year program, one day a week, broken down into terms and is as a competency based flexible learning program, the theory elements are classroom based, the practical elements are delivered in a simulated salon environment at LarShar College. It combines face to face teaching with small group training, with units being completed in a specific time frame.

#### **RECOGNISED QULAIFICATIONS**

**Certificate II in Retail Cosmetics (SHB20121)** is a nationally recognised qualification. The program is structured in line with the National Hairdressing and Beauty Training Package (SHB15).

#### **CAREER PATHWAYS**

This qualification provides a pathway to work as a retail sales consultant in any business that sells beauty or cosmetic products and services. This can include beauty and hairdressing salons, retail outlets and department stores.

#### **FEES**

If using VETis funding the program is full funded.

If no funding fees are broken down into terms. The programs are structured so that no kits are required for the relevant competencies being taught. All competencies include learner guides and relevant recourse.

So please contact the College for further information. Refer to point 12 fees and Charges in Induction Manual

#### **PAYMENT OPTIONS (If not VETis)**

- Admin fee is required at time of enrolment, to hold placement
- Payment plan can be set up weekly, fortnightly or per term
- Payment plan will only be conducted through EZidebit

If you do not attend, you are still liable for your payment until enrolled unit has been paid for

#### Uniform

- Shirt (pink from Everything Uniform) Refer to Induction Manual point 6
- Long black pants (no jeans, work out pants or shorts)
- Closed in shoes

#### **Eligibility and Special conditions**

- A check has been conducted by the high school to confirm that you are eligible for VETiS funding
- If VETis funding has been utilised, you acknowledge that you will be responsible for paying the fee for service.







# Name of Program:

# Certificate II in Retail Cosmetics

Program Code	SHB20121		
CORE UNITS	COMPETENCIES	Hours	<b>Unit Cost</b>
SHBBMUP009	Design and apply make-up	49	326.75
SHBBCCS005	Advise on beauty products and services	42	229.59
SHBXCCS007	Conduct salon financial transactions	42	229.59
SHBXIND003	Comply with organisational requirements within a personal services environment	42	229.59
SHBBCCS004	Demonstrate retail skin care products	42	269.66
SIRXOSM002	Maintain ethical & professional standards when using social media	42	229.59
SHBXIND005	Communicate as part of a salon team	21	147.30
SIRRMER001	Produce visual merchandising displays	21	147.30
SIRXIND003	Organise personal work requirements	21	147.30
SHBBINF002	Maintain infection control standards	63	311.89
SHBBRES003	Research and apply beauty industry information	28	174.45
SHBXCCS003	Greet and prepare clients for salon services	21	147.30
BSBSUS211	Participate in environmentally sustainable work practices	21	147.30
SIRRINV001	Receive and handle stock	21	147.30
SHBXWHS003	Apply safe hygiene, health and work practices	49	256.75

**Total** \$3288.95







## **APPLICATION ENROLMENT**

PLEASE NOTE: ALL SECTIONS ARE MANDATORY and must be completed. If not completed correctly, forms will be returned for amendment All learners commencing study are required to complete a pre-enrolment literacy and numeracy & Digital assessment.

When your enrolment form is received you will be emailed the Literacy and Numeracy & Digital assessment.

Your enrolment will not commence until the Literacy and Numeracy & Digital assessment has been completed.

Enrolment forms can also be filled in online at www.larsharcollege.com

PROGRAM DETAILS							
Please select the pro	ogram you would like to study  Certificate II in Salon Assistant	7					
SHB30416							
SHB30516	Certificate III in Barbering						
SHB20121	_						
SHB30121	·						
SHB30221 SHB30321	<u> </u>						
SHB40121	<u> </u>						
SHB50121	Diploma of Beauty Therapy						
LEARNERS PERS	Mr Mrs Ms Other						
1. Enter your full n	name *						
	Family name (surname)						
	Madien name						
	Given names						
	Other known names						
* Please write the nam  2. Enter your birth	ne that you used when you applied for your Unique Student Identifier (USI), including any middle names.  a date  Day/month/year						
3. Gender (Tick ON	NE box only)						
	Male						
	Female						
	Other						
4. Enter your conta Home phone Mobile Work phone Email address Alternative ema							
Office use only:  FUNDING TYPE  OPEN	FULL CON NON CON	-					
HIGH SCHOOL							
VETIS CERTIFICATE 3 GUAF	RANTEE - OR - OLIMO - ACC DEC - TED ELICLELA						
APPRENTICE /TRAINE	FF UQB LISLINIS LI ASS REC LI TED LI USI LILIN						
YEAR 12 FEE FREE ATTACH STUDENT NU	DAISS  ☐ IMBER						

## 5. What is the address of your usual residence?

Please provide the physical address (street number and name **not** post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home.

If you are from a rural area use the address from your state or territory's 'rural property addressing' or 'numbering' system as your residential street address.

Street or lot number (e.g. 205 or Lot 118)					
Street name					
Suburb, locality or town					
State/territory					
Postcode					
6. What is your postal address (if different from above)?  Building/property name					
Flat/unit details					
Street or lot number (e.g. 205 or Lot 118)					
Street name					
Suburb, locality or town					
State/territory					
Postcode					
1 0310000					
PARENT/GUARDIAN DETAILS					
Title Mr Mrs Ms Miss Other					
7. Enter your full name *					
Family name (surname)					
Given names					
8. Enter your contact details					
Home phone					
Mobile					
Work phone					
Email address					
Alternative email address					
I understand that my child/dependant must complete the literacy and numeracy assessment before they can start the pro	gram				
I agree that my child/dependant's will be undertaking the VETis program or school base program					
I declare I have read the program information					
I declare to pay any fees for this qualification if the program is not subsidised					
I have provided a copy of my child/dependant's birth certificate					
Parent/guardian's Signature  Date  Date					

## LANGUAGE AND CULTURAL DIVERSITY 9. In which country were you born? Yes No 🗌 Australia If not Australia please specify If not Australia, which year did you arrive 10. Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often) No, English only Yes, other – please specify 11. Are you of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes) Yes, Aboriginal Yes, Torres Strait Islander 12. Citizenship status during the term (tick one box) Australian citizen (including Australian citizen with dual citizenship New Zealand citizen Permanent resident of Australia Holder of a Permanent Humanitarian Visa **EMERGENCY CONTACT** Next of Kin Home Phone Mobile Phone **DISABILITY** 13. Do you consider yourself to have a disability, impairment or long-term condition? Yes No No - Go to question 15 14. If you indicated the presence of a disability, impairment or long-term condition, please select the area(s) in the following (You may indicate more than one area) Hearing/deaf Acquired brain impairment Vision Physical Medical condition Intellectual Learning Mental illness Other

		Lâı		· ·	rices are valid as of July 2025 Hair reserve the right to change prices
			J		<u> </u>
SCHOOL			DI ETED		LANE L
				•	k ONE box only)  Highest school level completed refers to the highest school level you
have ac	ctually com		d not the level		tly undertaking. For example, if you are currently in Year 10 the <i>Highest</i>
	Year 12	or equival	lent		_
	Year 11	or equival	lent		_
	Year 10	or equival	lent		_
	Year 9 o	or equivale	ent		_
	Year 8 d	or below			_
	Never a	ttended so	hool		Never completed any primary or secondary level education
-	Yes No		If yes LU	senior seconda I Number : year did you fil er (USI) ( <mark>if los</mark> t	<u> </u>
	Yes		If yes l	USI Number	
	No		If no you w	vill need to crea	te one at www.usi.gov.au
		d at time		nt LarShar co	olment cannot be processed without your USI Ilege will endeavour to retrieve students USI to proceed with enrolment
	DETAILS	d at time	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with
SCHOOL D	DETAILS	d at time	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with
SCHOOL C	DETAILS gh School:	d at time if still att	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with enrolment
Current High	DETAILS gh School:	d at time if still att	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with enrolment
Current Hig Address:	DETAILS gh School:	d at time if still att	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with enrolment
Current High Address:  Name of VI  Email  Phone	DETAILS  gh School:  ET coordir	if still att	of enrolmer	nt LarShar co	llege will endeavour to retrieve students USI to proceed with enrolment
Current Hig Address: Name of VI Email Phone VET coordi High School school, I cert	DETAILS  gh School:  ET coordin  inator Sign  Contact D  tify that the program in	if still att	ending high	nt LarShar con n School at I have read th 1, or 12 studen	llege will endeavour to retrieve students USI to proceed with enrolment
Current High Address: Name of VI Email Phone VET coordi High School school, I cert high school p	ph School:  ET coordin  inator Sign Contact D tify that the program in	if still att  nator:  neclaration e student is offormation.  JALIFICA	ending high	nt LarShar con School  It I have read the 1, or 12 student	Post Code  e VETis program or high school program information. On behalf of the
Current Hig Address: Name of VI Email Phone VET coordi High School school, I cert high school p	DETAILS  gh School:  ET coordin  inator Sign  Contact D  tify that the program in  /IOUS QI  u currentl  Yes  No	if still att  nator:  neclaration e student is offormation.  JALIFICA	ending high  I declare that is a year 10, 1  ATIONS ACH	nt LarShar con School  It I have read the 1, or 12 student	Post Code  e VETis program or high school program information. On behalf of the

Have you started or completed any programs?

No

If yes go to question 19

).	Tick ANY applicable boxes for any completed c	ertificate	s obtained			
	Bachelor degree or higher degree		Certificat	te III (or trade cert	tificate)	
	Advanced diploma or associate degree		Certificat	e II		
	Diploma (or associate diploma)		Certificat	te I		
	Certificate IV (or advanced certificate/technician)			ucation (including qualifications no		
ck AN	IY applicable boxes for any Statement of Attain	ments ob	tained.		,	
I	Bachelor degree or higher degree		Certificate	III (or trade certif	icate)	
1	Advanced diploma or associate degree		Certificate II			
Diploma (or associate diploma)			Certificate I			
(	Certificate IV (or advanced certificate/technician)			cation (including of qualifications not		
EMPL	LOYMENT					
). Of	the following categories, which BEST describe	es your cu	ırrent emplo	yment status?	(Tick ONE box o	only)
	Full-time employee		Self em	nployed – employ	ing others	
	Part-time employee		Employ busines	ved – unpaid work ss	er in a family	
	Self employed – not employing others		Unemp	loyed – seeking f	ull-time work	
	Unemployed – seeking part-time work		Not em	ployed - not seel	king employment	
	the following categories, select the one which urse/traineeship/apprenticeship (Tick ONE box		scribes the i	nam reason you	are undertaking	i uns
	To get a job		It was a re	quirement of my j	ob	
	To develop my existing business		I wanted ex	xtra skills for my j	ob	
	To start my own business		To get into	another course of	of study	
	To try for a different career		For person	al interest or self-	-development	
	To get a better job or promotion		Other reas	ons		
	VIDENCE REQUIRED					
10	be able to process your enrolment we will need the	e following	g evidence			
В	irth certificate	Provid	led	Yes 🗌	No	
lf						
	applicable the following:					
	Certificates	Provid		Yes 🗌	No	
	Certificates Statement of Attainment	Provid	led	Yes 🔲	No	
	Certificates		led	=		
	Certificates Statement of Attainment Results of Assessment program is funded you will have to provide the follow	Provid Provid wing to ob	led led otain funding	Yes T	No	
S	Certificates Statement of Attainment Results of Assessment  program is funded you will have to provide the followenior Certificate (Year 12 fee free)	Provid Provid wing to ob Prov	led led otain funding vided	Yes	No ☐ No ☐	
S	Certificates Statement of Attainment Results of Assessment program is funded you will have to provide the follow	Provid Provid wing to ob Prov Prov	led led otain funding	Yes T	No	

#### **PRIVACY STATEMENT & STUDENT DECLARATION**

I declare that the information I have provided to the best of my knowledge is true and correct.

\*Parental/guardian consent is required for all students under the age of 18.

I understand that my RTO LarShar College of Beaute & Hair is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- School if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- Employer if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- NCVER.
- Organisations conducting student surveys.

Please note you may opt out o	tudent survey which may be administered for the survey at the time of being contacted.	d.	nployee, agent or third party contractor.
-	-	-	]
*Parental/guardian cor	nsent is required for all students under the	e age of 18.	
	ose, and retain your data in accordance was lished on NCVER's website at www.ncve		Protocol and all NCVER policies and
LEARNER DECLARATION	l		
I understand that I will h	nave completed the literacy, numeracy an	d digital assessme	ent.
I agree to follow LarSha	ar College of Beaute & Hair's policy and p	rocedures	
I understand that misco	nduct will be reported and could result in	cancelation of enr	olment
I understand that any al	bsenteeism will be noted and reported to	the appropriate co	ntacts
I understand that incorre	ect or incomplete information my result in	cancellation of en	rolment
I understand that I will h	nave to pay any fees that may arise due to	o undertaking this	program.
	esponsible to provide all necessary evide ute & Hair to obtain further information to		
	ollege of Beaute & Hair reserves the right nt of Small Business, Education and Trai		
Student Signature		Date	D D / M M / Y Y
,	at I have reviewed and comprehen overview, pertaining to the specific	•	•
Student Signature		Date	D D / M M / Y Y
Parent/Guardian Signature		Date	D D / M M / Y Y

## Induction Manual Acknowledgement

It is a requirement that you have accessed and read the induction manual.

It can be located on the website; <u>Enrolment Information | Larshar College Of Beaute & Hair</u> if not received at time of inquiry of enrolment.

Accessing and reading the induction manual indicates that you have read, understood, and value LarShar College of Beaute & Hair's Code of Practice and associated policies which it encompasses.

I hereby acknowledge receiving the LarShar College of Beaute & Hair 's Induction manual.

I have read the Induction manual and am familiar with its contents and agree to abide by all conditions outlined therein

Student Name:	
Student Name:	<del>_</del>
Signature:	Date:
Parent/Guardian Signature (if student is under 18)	
Parent/Guardian Name:	_
Signature:	_
Date:	
Prior to submitting enrolment forms, all parties must ensure the outlined in the LarShar College of Beaute & Hair Induction Mar the time of enrolment; failure to do so may result in a delay in t	nual. All required evidence should be provided at
If you are attending face-to-face training at LarShar College, pl	ease indicate which days you wish to participate
SELECT DAY/S WISHING TO ATTEND	
☐ Mon ☐ Tues ☐ Wed	Thurs
Part time 1 or 2 days	
Full time 3 days	
Please note; We will contact you with availability of you	ur selected day/s

High School students will be given a day that suits their timetable