

APPLICATION FORM

WHICH COURSE ARE YOU ENROLLING FOR

DIPLOMA IN SOMATOLOGY ☐

IMM GSM

Isa Carstens Academy asserts that it acts solely as a supplier of additional tuition to students who voluntarily elect to receive such support and is not a site of delivery for the IMM GSM.

Higher Certificate in Marketing ☐

BBA Degree in Marketing Management ☐

BCOM Degree in Marketing and Management Science ☐

Individual IMM GSM module ☐

Please include a picture
of yourself

please list the module:

(INDICATE WHICH CAMPUS)

STELLENBOSCH ☐

Full time

PRETORIA ☐

Full time

Part time

CAPE TOWN ☐

Full time

Part time

SECTION A (TO BE COMPLETED BY ALL APPLICANTS)

SURNAME: CHRISTIAN NAME(S):

NAME BY WHICH YOU ARE KNOWN:

DATE OF BIRTH: MALE ☐ FEMALE ☐

ONLY CHILD: YES / NO BROTHERS: SISTERS: HOME LANGUAGE:

MARITAL STATUS: CHILDREN: I.D. NO:

STREET ADDRESS:

POSTAL ADDRESS: PROVINCE: POSTAL CODE:

TEL. NR: (H) () (W) () CELL:

E-MAIL:

SECTION B: (TO BE COMPLETED BY ALL APPLICANTS)

MATRICULATION

YEAR COMPLETED / TO BE COMPLETED:

NAME OF SCHOOL: TEL NO.

ADDRESS OF SCHOOL:

Isa Carstens Academy®(Pty) Ltd Registration Number 1973/015469/07
Registered with the Department of Higher Education and Training as a Private Higher Education Institution
under the Higher Education Act, 1997. Registration certificate number. No 2000/HE07/025
Qualification registered by SAQA: ID nr 83046 (NQF level 6).
Directors: I Carstens-Roos, JG Roos

Live your life beautifully

SECTION C (TO BE COMPLETED BY ALL APPLICANTS)

POST MATRICULATION INFORMATION:

HAVE YOU HAD ANY EXPERIENCE IN THE HEALTH AND SKIN CARE THERAPY/MARKETING FIELD?

IF YES, PLEASE GIVE DETAILS

.....

WHAT ARE YOUR INTERESTS AND HOBBIES?

.....

SECTION D (APPLICABLE TO SOMATOLOGY ONLY)

STATE OF HEALTH:

DO YOU HAVE ANY MEDICAL CONDITION OR ALLERGY? (INCLUDING FOOD ALLERGIES)

IF YES, PLEASE GIVE DETAILS:

DO YOU TAKE MEDICATION FOR THIS CONDITION/ALLERGY YES / NO

IF YES, PLEASE GIVE DETAILS:

UNDERWRITTEN BY MEDICAL CERTIFICATE: YES / NO

SECTION E (APPLICABLE TO ALL APPLICANTS)

NAMES AND ADDRESSES OF TWO REFEREES (A TEACHER, IF POSSIBLE)

..... |

..... |

TEL. NO: ()..... | TEL. NO: ().....

ANY ADDITIONAL INFORMATION:

IF YOU HAVE NOT YET VISITED THE ACADEMY, WHEN WOULD YOU BE AVAILABLE FOR AN INTERVIEW?

.....

SECTION F (APPLICABLE TO ALL APPLICANTS)

INFORMATION REGARDING PARENT/GUARDIAN

SURNAME & INITIAL/SMR/MRS/DR/PROF:

IDENTITY NUMBER:

POSTAL ADDRESS:

.....

TEL. NO: (H) () (W) ()..... CELL:

E-MAIL:

OCCUPATION: FAX.NO: ().....

SECTION G (APPLICABLE TO ALL APPLICANTS)

WHO WILL BE RESPONSIBLE FOR PAYMENT OF YOUR COURSE FEES?

.....

SECTION H (APPLICABLE TO ALL APPLICANTS)

IN THE CASE OF PARENTS BEING DIVORCED OR SEPARATED, PLEASE SUPPLY THE FOLLOWING INFORMATION:

FATHER

FATHER REMARRIED: YES / NO

POSTAL ADDRESS :

.....

.....

TEL. NO: (H) ().....

TEL. NO: (W) ().....

CELL:

FAX: ().....

MOTHER

MOTHER REMARRIED: YES / NO

MOTHER'S SURNAME:

PHYSICAL ADDRESS:

.....

.....

TEL. NO: (H) ()

TEL. NO: (W) ()

CELL:

FAX: ().....

IT IS THE POLICY OF THE ACADEMY TO FORWARD THE PROGRESS REPORT OF THE STUDENT TO THE PARENT RESPONSIBLE FOR THE FINANCIAL SUPPORT OF THE STUDENT UNLESS OTHERWISE ARRANGED. AN AMOUNT OF R250-00 PER YEAR IS PAYABLE IF DUPLICATE CORRESPONDENCE IS REQUESTED FOR THE OTHER PARENT

I UNDERTAKE TO MAKE AN INITIAL PAYMENT IN RESPECT OF THE NON-REFUNDABLE REGISTRATION FEE AS INDICATED BELOW BEING PART OF THE FEES ON ACCEPTANCE AFTER THE INTERVIEW AND THE BALANCE ON REGISTRATION DAY.

- | | |
|-------------------------|-----------|
| • DIPLOMA IN SOMATOLOGY | R5 000-00 |
| • IMM | R1 000-00 |

I ACCEPT THAT FEES ARE NEITHER REFUNDABLE NOR TRANSFERABLE UPON CANCELLATION AT ANY STAGE AFTER SIGNATURE HEREOF AND SHALL BE RETAINED AS DAMAGES / PENALTY.

NO VARIATION, MODIFICATION OR WAIVER OF ANY PROVISION HEREOF SHALL BE OF ANY FORCE AND EFFECT UNLESS REDUCED TO WRITING AND SIGNED BY BOTH PARTIES.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE ACADEMY.

SIGNED:
APPLICANT

.....
GUARDIAN/PARENT

DATED AT ON THE DAY OF 2013.

PLEASE RETURN COMPLETED FORM TO THE ACADEMY TOGETHER WITH:

- 1) 2 x PASSPORT SIZE PHOTOGRAPHS (please also e-mail a photo – jpeg format)
- 2) A COPY OF RELEVANT TESTIMONIALS
- 3) GRADE 11 RESULTS OR GR12 CERTIFICATE IF ALREADY MATRICULATED
- 4) PHOTOSTAT OF IDENTITY DOCUMENT

INFORMATION REGARDING APPLICATION

How did you come to hear of the Isa Carstens Academy?
(Please state your answers and **specify details**)

1. Word of mouth (Who can we thank you for your application)

- ☐ Former / Ex student:
- ☐ Current student:
- ☐ Own or other therapist:
- ☐ Salon / Clinic:
- ☐ Career consultant:
- ☐ Talk / School visits:
- ☐ South African Association of Health & Skin Care Professionals (SAAHSP):
- ☐ Family:

2. Advertisements (Please state in which media you saw our advertisement)

- ☐ Magazine:
- ☐ Newspaper:
- ☐ Radio:
- ☐ Facebook:
- ☐ Website:

3. Exhibitions (Please specify)

- ☐ School:
- ☐ Career expo:
- ☐ Open Day:
- ☐ Other :

4. Which other academic institution have you requested information from, visited or applied to

- ☐
- ☐

SOMATOLOGY STUDENTS ONLY

INFORMATION REGARDING ORDERING UNIFORMS

Kindly complete this form to **enable us to order stock prior to enrolment**. Please also be aware of the fact that the reflected sizes will be purchased and you are therefore requested to ensure that sizes are as correct as possible to avoid disappointment as no alterations or exchanges can be guaranteed afterwards.

NAME OF STUDENT:

NAME BY WHICH YOU ARE KNOWN (THE NAME YOU WOULD LIKE TO APPEAR ON YOUR NAME BADGE):

.....

MEASUREMENTS:

BREAST

WAIST

HIP

SIZES:

TOP (32, 34, 36, 38 etc) PANTS

OVERDRESS (FEMALE ONLY)

COAT (32/34/36/38 etc) (FEMALE ONLY)

T-SHIRT (S / M / L)

TRACKSUIT TOP TRACKSUIT PANTS.....

SHOES

WEIGHT

TO BE SIGNED AFTER FITTING THE UNIFORM

STUDENT SIGNATURE:

Fitted the full uniform and confirm that the above sizes are correct for the placement of my order.