

## ADDITIONAL TUITION APPLICATION FORM

### 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.**

	Full time	Part time
Higher Certificate in Marketing	<input type="checkbox"/>	<input type="checkbox"/>
Diploma in Marketing Management	<input type="checkbox"/>	<input type="checkbox"/>
BBA Degree in Marketing Management	<input type="checkbox"/>	<input type="checkbox"/>
BCOM Degree in Marketing and Management Science	<input type="checkbox"/>	<input type="checkbox"/>
Individual IMM GSM module	<input type="checkbox"/>	<input type="checkbox"/>

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

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

#### MATRICULATION

YEAR COMPLETED / TO BE COMPLETED: .....

NAME OF SCHOOL: ..... TEL NO. ....

ADDRESS OF SCHOOL: .....

### **SECTION C**

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**

#### **INFORMATION REGARDING PARENT/GUARDIAN**

SURNAME & INITIAL/S .....MR/MRS/DR/PROF: .....

IDENTITY NUMBER: .....

POSTAL ADDRESS: .....

.....

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

E-MAIL: .....

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

### **SECTION E**

WHO WILL BE RESPONSIBLE FOR PAYMENT OF YOUR COURSE FEES?

.....

### **SECTION F**

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

#### **FATHER**

FATHER REMARRIED: YES / NO

#### **MOTHER**

MOTHER REMARRIED: YES / NO

MOTHER'S SURNAME: .....

POSTAL ADDRESS : .....

PHYSICAL ADDRESS: .....

.....

.....

.....

.....

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

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

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

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

CELL: .....

CELL: .....

FAX: ( ) .....

FAX: ( ) .....

**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.**

• 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 ..... 2014.

**PLEASE RETURN COMPLETED FORM TO THE ACADEMY TOGETHER WITH:**

- 1) 2 x PASSPORT SIZE PHOTOGRAPHS (please also e-mail a photo – jpeg format)
- 2) GRADE 11 OR LATEST GRADE 12 RESULTS
- 3) NATIONAL SENIOR 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

- ☐ .....
- ☐ .....