

Isa Carstens Academy : Application Form

Please complete in black, capital letters

Course Name:	Diploma in Somatology : Stellenbosch <input type="checkbox"/> Pretoria <input type="checkbox"/>
	Spa Reception – short learning programme : Stellenbosch <input type="checkbox"/> Pretoria <input type="checkbox"/>

Student details																						
Title:																Gender:	Male	Female				
Student Surname:																						
Full Name(s):																						
Preferred Name:																						
ID/Passport number:																	Date of birth	Day	/	Month	/	Year
Nationality:																						
Home Language:																Please note that classes will be conducted in English.						
Ethnic Group	Black			White			Coloured			Indian			Asian			Other						
Study Visa:	YES	NO	International students will receive additional information to assist with their visa application.																			
Student Contact numbers:	Cell:																					
	Work:																					
	Home:																					
E-Mail Address:																						
Address:																						
																Postal/Zip code						
Marital status:																Children:						
Parent / Legal Guardian Details:																						
Title:											Surname:											
Name:																						
ID/Passport number:																						
Parent/Guardian Contact numbers:	Cell:																					
	Work:																					
	Home:																					
E-Mail Address:																						
Address:																						
																Postal/Zip code						
Accommodation																						
Private/Hostel:	Do you need Isa Residence accommodation?															YES	NO					

Education									
Current/ grade/level / Highest qualification									
Current/ Year Completed School		Name of School							
Where did you hear about Isa Carstens Academy		Word of mouth (former / current student / salon / clinic / career consultant / talk / school visit / SAAHSP / family)				Advertisement (magazine / newspaper / radio / facebook / website)		Exhibition (school / career / expo / open day)	
Any experience in the Health & Skin Care Therapy field?			None		YES (please state) :				
Medical									
State of Health									
Medical condition / allergy : (include food)			None		YES (please state) :				
Do you take medication / allergy			None		YES (please state) :				
Underwritten by medical certificate			YES		NO				
Disability:		None		YES (please state):					
Student Reference (teacher if possible)									
Title:									
Surname:									
Name:									
Contact numbers:		Cell:							
		Work:							
E-Mail Address:									
Finance									
Full Information on Costs and Student loan options will be provided to each student in advance. All students will be required to sign a Formal Legal Contract on being accepted at the Isa Carstens Academy									
Responsible Person for Payment of Course Fees									
Title:									
Surname:									
Name:									
Contact numbers:		Cell:							
		Work:							
		Home:							
E-Mail Address:									
Address:									
								Postal/Zip code	
Relationship to student									

Student declaration / MEMORANDUM OF AGREEMENT

NB: it is compulsory to be signed by all parties concerned

Should my application be successful:

I, _____ (Student name & surname), hereby
declare that:

1. All particulars given by me in this form are true and correct
2. I will acquaint myself with the rules and regulations, including the disciplinary rules, of **the Isa Carstens Academy** and will abide by them
3. I waive any claim against **the Isa Carstens Academy** resulting from any act or omission on my part during tuition, sport, tours, seminars, practical's or provided residence.
4. I accept responsibility for the care and safekeeping of all **Isa Carstens Academy** property (including, but not restricted to: books, notes, tools and equipment) issued to me for my training.
5. I will inform **the Isa Carstens Academy** immediately, in writing, should I change my address or cancel or change my course or any subjects
6. I am aware that my enrolment is valid only if it complies with the relevant regulations of **the Isa Carstens Academy**; notwithstanding provisional acceptance of this enrolment by the Academy
7. I am aware that fees and legal costs will be recovered from me should I fail to timeously fulfil my financial commitments towards **the Isa Carstens Academy**
8. I accept full responsibility and liability for the payment of all class, practical and equipment fees as well as other fees determined by **the Isa Carstens Academy** at the date of enrolment;
9. I will not claim compensation for photos taken, voices used, student participation in functions, etc. and accept that any photos used for publicity reasons will be the property of **the Isa Carstens Academy**
10. It is the policy of the Academy to forward the progress report of the student to the party 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 parent(s)
11. I undertake to make an initial payment in respect of the Registration/admin fee as indicated below being part of the fees on acceptance after the interview and the balance before Registration day
 - a. Diploma in Somatology (R5 000-00)
 - b. Spa Reception – short learning programme (R4 000-00)
12. 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

Application Documentation

Please attach the following documentation to the Application form:

- 2 x Passport size photographs
- A copy of relevant testimonials
- Copy of ID document / Passport
- Copy of Last School report / Certificate

Send Application & Documentation to:

E-Mail	info@isacarstens.co.za (Stellenbosch campus) infopta@isacarstens.co.za (Pretoria campus)
Fax	086 742 2060 (Stellenbosch campus) 086 540 8289 (Pretoria campus)

I, hereby declare that all the information provided is complete and accurate to the best of my knowledge:

Signed at:	Place	Date:	Day	/	month	/	2	0	
Student signature:									
Parent / Guardian signature									

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):

SIZES:

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

OVERDRESS (S/M/L etc)
(FEMALE ONLY)

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

T-SHIRT (S/M/L etc)

TRACKSUIT TOP (S/M/L etc) TRACKSUIT PANTS

SHOES

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