

Stellenbosch Hair Academy : Application Form

PLEASE COMPLETE IN BLACK CAPITAL LETTERS

Course Name:	Hairdressing	Full Time	Part Time	
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Student details

Title:	Gender:	Male	Female				
Student Surname:							
Student Name:							
ID / Passport number:				Date of birth:	Day	Month	Year
Nationality:							
Home Language:				Please note that all 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 facilitate their visa application				
Student contact numbers:	Cell:						
	Work:						
	Home:						
E-Mail Address:							
Residential Address:							
Postal Address:							
						Postal / Zip code:	

Parent / Legal Guardian/ Spouse Details:

Title:				
Surname:				
Name:				
ID / Passport number:				
	Date of birth:	Day	Month	Year
Parent / Legal Guardian Contact numbers:	Cell:			
	Work:			
	Home:			
E-Mail Address:				
Residential Address:				
Postal Address:				
			Postal / Zip code:	

Accommodation

Private / Hostel:	Do you require accommodation?	YES	NO
A list of accommodations will be sent after Application is received/ Visit www.stellenboschhairacademy.co.za			

Education

Current / Grade / Level / Highest Qualification							
Current/ Year Completed School	Name of last School attended						
Where did you hear about Stellenbosch Hair Academy?	Friend/Family	Website	Internet	Facebook	Instagram	Magazine	Newspaper
	Exhibition	School	Radio	Other (please specify)			

Cont./...

Medical

 Disability: NONE YES *(Please state)*

Kindly note that all students will be required to undergo a medical examination in order to confirm general state of health. Documentation will be sent as soon as application form has been received. All students will be liable for their own personal medical insurance.

International Students: Please ensure that adequate medical insurance has been provided for, prior to arrival in South Africa.

Finance

Please select the financial option for your convenience.

Each student will receive a comprehensive information brochure regarding costs, payment options and reservation fees for courses in advance. All students will be required to undersign a formal Legal Contract following acceptance at **Stellenbosch Hair Academy**.

Responsible Person for Payment of Course Fees

Title:																
Surname:																
Name:																
ID / Passport No:																
Contact numbers:	Cell:															
	Work:															
	Home:															
E-Mail Address:																
Residential Address:																
Postal Address:														Postal / Zip code:		
Relationship to Student:																
Signature of Financial Sponsor:																

Student Declaration / MEMORANDUM OF AGREEMENT

NB: It is compulsory for this section to be undersigned by all parties concerned
DECLARATION

Upon approval of my application :

I, _____ (Student Name & Surname – PLEASE PRINT),
 hereby declare that:

1. All information provided by me on this form to be true and correct;
2. I will acquaint myself with the Rules and Regulations, including the Disciplinary Rules and Procedures of **Stellenbosch Hair Academy** and will abide by them at all times;
3. I waive any claim against **Stellenbosch Hair Academy** resulting from any act or omission on my part during tuition, sport, tours, seminars, practical's or provided residence;
4. I accept full responsibility for the care and safekeeping of all **Stellenbosch Hair Academy** property (including but not restricted to: books, notes, tools and equipment) issued to me for my training;
5. I will inform **Stellenbosch Hair Academy** immediately (*in writing*), in the event of the following: change of residential or postal address, cancellation of or changes made to my course and/or my subjects;
6. I am aware that the validity of my enrolment will be subject to the compliance of the relevant regulations as stipulated by **Stellenbosch Hair Academy**, notwithstanding provisional acceptance of my enrolment by the Academy;
7. I am aware that fees and legal costs will be recovered from me in the event of failing to fulfil my financial commitments towards **Stellenbosch Hair Academy** timeously;
8. I accept full responsibility of and liability for the payment of all class tuition, practical and equipment fees as well as other fees determined by **Stellenbosch Hair Academy** at the date of enrolment;
9. I am aware that **Stellenbosch Hair Academy** will levy bank and administrative fees as determined by **Stellenbosch Hair Academy** on all dishonoured cheques or failed debit orders executed by my bank;
10. I will not claim any compensation whatsoever for photos taken (including but not limited to) voices used, student participation at functions and accept that any photos used for publicity purposes will remain the property of **Stellenbosch Hair Academy**.

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INDEMNITY FORM

Stellenbosch Hair Academy Practical Training & Excursions (including off-site work experience)

I, the undersigned, hereby further declare that I shall not institute any claims of any nature whatsoever against **Stellenbosch Hair Academy** or any employee of **Stellenbosch Hair Academy**, who is acting within his or her employment capacity, nor shall I in any way whatsoever hold **Stellenbosch Hair Academy** responsible for any loss or damage I may suffer in person or in respect of any property of mine or which may directly or indirectly arise from my commitment, as a registered student, towards **Stellenbosch Hair Academy**, with regard to the journey to and from all practical training, excursions and off-site work experience and with regard to any activities pertaining to said-excursions, off-site work experience or in a practical training venue of **Stellenbosch Hair Academy**, regardless of the way in which such loss or damage may occur and regardless of whosoever or whatsoever may be responsible therefore. I also undertake full participation in all prescribed compulsory activities (upon my own responsibility) voluntarily accepting any risk pertaining to such activities.

I hereby confirm that I have duly acquainted myself with the content of all information and rules regarding practical training and orientation (induction), and that I am, as a registered student of **Stellenbosch Hair Academy**, bound to adhere to the General Rules and Regulations of **Stellenbosch Hair Academy**.

I further declare that, in case I am injured to such an extent thereby rendering me unable to personally grant consent for medical treatment or any other essential medical intervention, the supervisory staff may undersign the necessary documents of consent on my behalf. I also accept full responsibility to acquire my own medical aid and the costs incurred for any medical treatment.

To the best of my knowledge, I do not suffer from any physical disability or illness which may inhibit my attendance of any practical training or off-site work experience in any way. I do, however, wish to bring the following to your attention:

Medical condition:	N/A		
	State condition:		

(Select applicable paragraph : delete not- applicable)

a)	I am capable of concluding an agreement and am legally competent to sign this application and therefore enter into an agreement with Stellenbosch Hair Academy independently.
b)	I undersign this application and enter into an agreement with Stellenbosch Hair Academy with the permission of my parents/ legal guardian/ spouse/sponsor.

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

Signed at:		Date:	Day	Month	Year
	Place				

Student signature:

(Only for Applicants under the age of 21) I, _____ (Name & Surname) the undersigned, in my capacity as **Parent** / **Legal Guardian** am jointly and severally responsible for all monies, which the above applicant may at any stage owe **Stellenbosch Hair Academy** in terms of the agreement that he/she has concluded with **Stellenbosch Hair Academy**.

Signature of Parent /
Legal Guardian :

Application Documentation

Please attach the following documentation to Application form :

- Certified Copy of ID document / Passport
- Certified Copy of Last School Report / Certificate
- Proof of Residential Address (*Bank Statement or Municipal account - no older than 3 months*)
- Short CV
- Adult learners – proof of Employment History

Send Application & Documentation to:

Courier Address:	25 Plein Street, 2nd Floor, Good Hope Building, Stellenbosch, 7600 South Africa
Postal Address:	25 Plein Street, 2nd Floor, Good Hope Building, Stellenbosch, 7600 South Africa
E-Mail:	info@stellenboschhairacademy.co.za