

STELLENBOSCH CAMPUS

Aan de Gragt Building, First Floor, 5 Plein Street, Stellenbosch, 7600
PO Box 149, Stellenbosch, 7599, South Africa
T +27 (0)21 883 9777 | F +27 (0)86 742 2060 | E info@isacarstens.co.za

PRETORIA CAMPUS

408 Lynnwood Road, Lynnwood, Pretoria, 0081
PO Box 36252, Menlo Park, 0102
T +27 (0)12 348 0125 | F +27 (0)86 540 8289 | E infopta@isacarstens.co.za

www.isacarstens.co.za

**APPLICATION FOR ADMISSION TO
THE ISA CARSTENS ACADEMY
YEAR OF STUDY**

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(OFFICE USE ONLY)

UNDERGRADUATE APPLICATION: DIPLOMA IN SOMATOLOGY (NQF Level 6) (Complete sections: A, B, C, D, E, F, H, I, J)	
SHORT LEARNING PROGRAMME: COURSE IN SPA RECEPTION (Duration 10 months) (Complete sections: A, B, C, D, E, F, G, H, I, J)	

Campus of choice Stellenbosch <input type="checkbox"/> Pretoria <input type="checkbox"/>
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SECTION A: STUDENT DETAILS

Title:		Student Surname:		Gender:	Male	Female							
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							
Student Contact numbers:	Cell:												
	Work:												
	Home:												
E-Mail Address: (Compulsory field)													
Address:													
Marital status:											Postal/Zip code		

SECTION B: PARENT / LEGAL GUARDIAN DETAILS

Title:		Surname:																		
Name:																				
ID/Passport number:																				
Parent/Guardian Contact numbers:	Cell:																			
	Work:																			
	Home:																			
E-Mail Address: (Compulsory field)																				
Address:																				
Marital status:																	Postal/Zip code			

The Isa Carstens Academy (PTY) Ltd. is registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997. Registration certificate No. 2000/HE07/025.
Qualifications registered by SAQA: ID No 83046 (NQF Level 6), ID No 97898 (NQF Level 7).
Directors: I Carstens-Roos, JG Roos



SECTION C: ACCOMMODATION

Isa Residence:	Do you need accommodation in our Isa Ladies Residence ? (If yes, complete an Isa Residence application and submit to info@isacarstens.co.za)	YES	NO
	<i>Note: once your academic non-refundable Registration/Administration fee is paid to confirm your place at the Academy, will your Residence application be processed. Residence applications processed after July cannot be guaranteed a place in the residence</i>		

SECTION D: EDUCATION

Current grade/level or year school completed:	
Name of School / Tertiary Institution:	
Where did you hear about Isa Carstens Academy ?	
Exhibition (school / career consultant)	Advertisement (magazine / newspaper / radio)
Social media (Facebook / website)	Word of mouth (former / current student / salon / clinic / career consultant)

SECTION E: MEDICAL

State of Health:	
Do you take medication (allergy / other):	NO YES (please state):
Underwritten by medical certificate:	NO YES
Disability (physical / learning / other):	NO YES (please state):

SECTION F: FINANCE (Responsible Person for Payment of Fees)

Title:		
Surname:		
Name:		
Contact numbers:	Cell:	
	Work:	
	Home:	
E-Mail Address: (Compulsory field)		
Address:		
	Postal/Zip code	
Relationship to student:		

SECTION G: COURSE IN SPA RECEPTION

Please select the **Module(s)** that you are applying for. Choose any 2 from the list as compulsory Spa Reception modules. Students also have the option of selecting all FOUR modules.

Make-up (including tint and shape) <input type="checkbox"/>	Waxing <input type="checkbox"/>	Massage <input type="checkbox"/>
Manicure and Pedicure (pre-requisite for Nail Technology) <input type="checkbox"/>	Nail Technology <input type="checkbox"/>	

SECTION H: 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 or provided residence.
4. I accept responsibility for the care and safekeeping of all **Isa Carstens Academy** property (including, but not restricted to books and notes) issued to me for my training.
5. I will inform **the Isa Carstens Academy** immediately, in writing, should I change my address **or withdraw** 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 fees 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 non-refundable registration/admin fee as indicated below being part of the fees on acceptance after the interview and the balance before registration day. 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:**
 - a. Diploma in Somatology (R5 000-00)
 - b. Course in Spa Reception (R4 000-00) (This programme does not lead to a qualification on the NQF framework)
 - c. Beauty Short Modules: R450 per module

SECTION I: APPLICATION DOCUMENTATION

Please attach the following documentation to the Application form:

- Copy of ID document / Passport
- Copy of Latest School results / 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:										

SECTION J: UNIFORM

INFORMATION REGARDING ORDERING OF UNIFORMS

Kindly complete this form to enable us to order the uniform prior to registration.

Students are encouraged to visit their nearest campus for a uniform fitting. Please indicate if you will be able to do a fitting at a campus near you? Yes No

NAME & SURNAME OF STUDENT:

NAME BY WHICH YOU ARE KNOWN:

(The name you would like to appear on your student card / name badge)

SIZES:

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

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

T-SHIRT (XS/S/M/L/XL etc.)

OVERDRESS (XS/S/M/L/XL etc.)

WINTER COAT (32, 34, 36, 38 etc.)

CARDIGAN (XS/S/M/L/XL etc.) (Optional)

MEDICAL GLOVES (S/M/L)

SHOES: Information on the prescribed style of shoe will be communicated by end September 2019.

Please source the prescribed shoe from any Crocs outlet or online at www.crocssa.co.za

Fitting was done at Campus: Yes No

STUDENT SIGNATURE

ISA CARSTENS ACADEMY REPRESENTATIVE

DATE: _____ / _____ / 20_____

Note. You are requested to ensure that sizes are correct to avoid disappointment, as the reflected sizes are ordered by 30 September 2019.