

APPLICATION FOR ADVANCED DIPLOMA IN DERMAL AESTHETICS

(NQF Level 7, 120 credits, SAQA ID 97898)

Please read the instructions below before completing this application form

Application procedure

This application form must be completed in full by all students who are applying for the **Advanced Diploma in Dermal Aesthetics** at the Isa Carstens Academy. Once this application form is completed and the supporting documents attached, it must be submitted to the Office of the Registrar.

ADMISSION REQUIREMENTS

- A three-year Diploma in Somatology (**NQF Level 6, 360 credits**) or equivalent qualification in a cognate field.
- Recognition of prior learning: Students must provide evidence of prior learning for which they may receive credit towards the qualification. Evidence must be presented in the form of portfolios of evidence or any other form of appropriate evidence which may include verified accounts of previous relevant work experience.

Document requirements

The supporting documents listed below are documents to be submitted with your application form:

- Certified copy of the first page of your Identity Document/Card.
- Certified copy of school leaving certificate
- Certified copy of full academic record/transcript from tertiary education
- Copy or original passport size photograph

Email completed application form to: info@isacarstens.co.za

Payment of fees

- **Full course fee applicants:** Non-refundable administration/registration fee of R5 500.00 on acceptance from the academy and the balance of the tuition fee **on/or before 10 January 2020**
- **Modular payment applicants:**
 - ◆ A non-refundable Registration/Admin fee of R9 000.00 or is payable on **acceptance** from the Academy.
 - ◆ First payment due prior to registration **on/or before 10 January 2020** (R25 776.00).
 - ◆ The **balance** of the **remaining 5 modules payable 2 weeks before the start of each module** – dates available from the Academy.

Banking Details: FNB, Account name: Isa Carstens Academy (PTY) Ltd, Account no: 6256 937 9970, Branch: Stellenbosch, Branch code: 200610, Reference: Student name and surname

Email or fax proof of payment to: accounts3@isacarstens.co.za or fax to: 083 742 2060

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

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(OFFICE USE ONLY)

UNDERGRADUATE APPLICATION	
ADVANCED DIPLOMA IN DERMAL AESTHETICS (NQF LEVEL 7):	Full course <input type="checkbox"/> OR Modules only <input type="checkbox"/>
Campus of choice: Stellenbosch <input type="checkbox"/>	Pretoria <input type="checkbox"/>

SECTION A: APPLICANT DETAILS

Title:				Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Student Surname:			Student Maiden 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 <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Asian <input type="checkbox"/>	Other <input type="checkbox"/>		
Non-SA students: indicate your country of origin								
Student Contact numbers:	Cell:							
	Work:							
	Home:							
E-Mail Address:								
Physical Address:								
Marital status:						Postal/Zip code		
Name of current employer:				Current position:				

SECTION B: QUALIFICATIONS

Supply full details of studies: School	
Name of school:	
City/Town:	
Highest Grade:	

List your school subjects and final mark obtained			

Supply full details of studies: Tertiary Qualification *Please provide detailed Academic Transcript of all subjects completed and results

Year from	Year to	Higher Education Institution	Field of study (Example: Dip Somatology)	Student number	Result (Cancelled, failed, qualification obtained)

SECTION C: MEDICAL

The Academy must be informed of certain disabilities in order to determine how the Academy would be able to make special arrangements to accommodate persons with such disabilities. It is the prospective students' responsibility to inform the Academy and to make a declaration to the Accreditation Board (where applicable) in this regard.

If "YES", indicate the nature

Sight		Intellectual (difficulties in learning)	
Hearing		Emotional (behaviour & psychological)	
Communication (talking, listening)		Multiple	
Physical (moving, standing, grasping)		Disabled, but unspecified	
Do you take medication (allergy / other):	NO	YES (please state):	
Underwritten by medical certificate:	NO	YES	

SECTION D: FINANCE

Full Information on costs will be provided to each student. 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:		Initials		Surname	
Name:					
Contact numbers:	Cell:				
	Work:				
	Home:				
E-Mail Address:					
Physical Address:					
				Postal/Zip code	

SECTION E: MARKETING

Where did you hear about **Isa Carstens Academy**?

Advertisement (magazine / newspaper / radio)	Word of mouth (former / current student / salon / clinic / career consultant)
Social media (Facebook / website)	Other:

SECTION F: 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.
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**.
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 from the Academy 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:**

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:										