

Lasting Impressions

Health & Beauty Training Studio



35 Caefron Ave.

Westville

Tel: 031-2670435

Enrolment Form: non-prejudicial

Title		Initials		Surname	
Sequence of Names in Identity Book First name:					
Second name:					
Address			Province:		
			Postal code:		
Identity Number:			Work details:		
			Work Number:		
Telephone:			Resident status:		
Home:			Nationality:		
Cell:			Equity code:		
E-mail:			Disability status:		
			Gender code:		
Highest qualification:			Qualification type:		
Emergency contact person (may not have the same residential address as applicant)			Contact address:		
Name:			Contact numbers:		
Instruction & assessment language: English			Home / official language:		

Please note: Ensure that the information on this enrolment form is legible. The onus lies with the learner to ensure that any information on the enrolment form is correct.

A certified photocopy of their identity document must be attached to this form, when enrolling and the original presented so that copy can be verified. Proof of your last academic maybe requested on your enrolment.

A pre- assessment meeting will be held prior to the assessments. The learner will not be allowed to do their assessments unless all fees are paid, all case studies have been marked, and a positive result has been obtained.

I _____ the learner declare that all the information on the above enrolment form is correct and the truth and I have read the 'Please note' section and understood it.

Learner's signature

Date

Instructor's signature