STUDENT REGISTRATION FORM

FOR QUALIFICATION HAIR CARE

Student Name: _____

Year: _____

Part Time: ☐ Full Time: ☐

OFFICE USE ONLY

STUDENT NUMBER:_____

REQUIRED BY STEDENTS: PROVIDE THESE DOCUMENTS

Registration Fee Received	YES ☐	NO ☐	_____
Copy of ID of Student	YES ☐	NO ☐	_____
Copy of Highest Qualification	YES ☐	NO ☐	_____
Financial Agreement completed	YES ☐	NO ☐	_____
Indemnity Signed	YES ☐	NO ☐	_____
2 ID Photos Submitted	YES ☐	NO ☐	_____
Copy of ID of Debtor	YES ☐	NO ☐	_____

PERSONAL INFORMATION

Full Names and Surname: ☐

SA Citizen: YES ☐ NO ☐ Identification Number: ☐

Gender: ☐ Male ☐ Female Date of Birth: ☐

Contact No: ☐ Email: ☐

Address: ☐

Married: ☐ Yes ☐ No Title: Mrs. ☐ Ms. ☐ Mr. ☐

Home Language: ☐

Special Needs: _____

_____

Highest Level Qualification: _____

SALON DETAILS OF PART TIME LEARNERS

Salon Name: ☐ Name of Employer: ☐

Salon Contact No: ☐ Email: ☐

Salon Address: ☐ Do you have a logbook? YES ☐ NO ☐

Student Years of experience: ☐ Contract YES ☐ NO ☐

STUDENT REGISTRATION FORM

FOR QUALIFICATION HAIR CARE

Student Name: _____

NEXT OF KIN

Full Names and Surname:

Relation:

Contact No: Email:

Address:

FINANCIAL AGREEMENT

INFORMATION OF THE PERSON RESPONSIBLE FOR PAYMENT OF FEES
ORIGINAL AGREEMENT TO BE SUBMITTED NO LATER THAN 15 JANUARY

Full Name:

Identification Number:

Relation to Student: Title: Mrs. ☐ Ms. ☐ Mr. ☐

Contact No: Email:

Home Address:

Postal Address:

Employer: Occupation:

Address of Employer:

Work Tel:

Marital Status:

Are you applying for a student loan? If yes, please provide information.

PLEASE TAKE NOTE!
GOLDMANE TRAINING ACADEMY HAS STUDENT BURSARIES AVAILABLE THROUGH SOLIDARITEIT (HELPENDE HAND). CONTACT US PERSONALLY ON WHATSAPP FOR THE CORRECT SOLIDARITEIT LINK FOR MORE INFORMATION.
NO REFUNDS WILL BE MADE ONCE PAYMENT IS MADE AND ENROLLMENT HAS BEEN SUBMITTED.

STUDENT REGISTRATION FORM

FOR QUALIFICATION HAIR CARE

Student Name: _____

2027 FEE STRUCTURE

FULL TIME STUDIES - NATION AND INTERNATION QUALIFICATION

REGISTRATION	R8 000.00
STUDY MATERIAL (AVAILABLE ON USB - MATERIAL TO BE PRINTED ON OWN EXPENSE. IF ORIGINAL USB IS LOST, A REPLACEMENT FEE WILL BE CHARGED)	R 2 500.00
FULL KIT	R15 000.00
CITY & GUILDS EXAM	R 7 500.00
CLASS FEES & IN-CLASS STOCK USAGE	R117 000
GRAND TOTAL	R153 000.00

INCLUDED AND EXCLUDED IN YOUR STUDY FEES

FULL TIME STUDIES CLASS FEES INCLUDE:

ASSESMENTS
INTERNAL ASSESMENTS
IN-CLASS TRAINING SESSIONS - SALON STOCK USAGE
GRADUTATION FEES
PRO EDUCATORS' FEES FOR SPECIAL TRAINING DAYS
ATTENDENCE CERTIFICATE
BASIC MAKEUP COURSE

FULL KIT INCLUDES:

KIT BAG
MANNEQUIN
X2 TOWELS
CUTTING CAPE
HAIRDRYER
SCISSORS
COMB
PIN CURL GRIPS
SETTING ROLLERS
BLOW WAVE BRUSHES

EXAM RE ASSESSMENTS AND STOCK FOR ALL PRACTICAL TRAINING ON OUTSIDE MODELS ARE EXCLUDED. THERE MAY BE ADDITIONAL COSTS TO BE COVERED ON THE CITY AND GUILDS EXAMS BY STUDENT, DUE TO QCTO REQUIREMENTS

DETAILED INFORMATION ON WHAT THE COURSE ENTAILS, WILL BE PROVIDED ONCE ENROLLMENT IS CONFIRMED.

PAYMENT OPTIONS FOR FULL TIME STUDIES

PLEASE INITIAL AT YOUR CHOSEN PAYMENT OPTION

OPTION 1 ONCE OFF PAYMENT NATIONAL QUALIFICATION
R 153 000.00 ☐

OPTION 2 1ST PAYMENT
R 40 000.00
PAYMENT STRUCTURE AFTER DEPOSIT WILL PERSONALLY BE EVALUATED PER STUDENT ☐

TAKE NOTE! FULL PAYMENT SHOULD BE MADE BEFORE COURSE CERTIFICATES WILL BE RECEIVED

STUDENT REGISTRATION FORM

FOR QUALIFICATION HAIR CARE

Student Name: _____

2027 FEE STRUCTURE

PART TIME STUDIES - NATION AND INTERNATION QUALIFICATION

REGISTRATION	R8 000.00
STUDY MATERIAL	R 2 500.00
(AVAILABLE ON USB - MATERIAL TO BE PRINTED ON OWN EXPENSE. IF ORIGINAL USB IS LOST, A REPLACEMENT FEE WILL BE CHARGED)	
FULL KIT	R15 000.00
CITY & GUILDS EXAM	R 7 500.00
CLASS FEES & IN-CLASS STOCK USAGE	R 62 000.00

GRAND TOTAL = R 95 000.00

PART TIME STUDIES CLASS FEES INCLUDE:

ASSESMENTS
INTERNAL ASSESMENTS
IN-CLASS TRAINING SESSIONS - SALON STOCK USAGE
GRADUTATION FEES
PRO EDUCATORS' FEES FOR SPECIAL TRAINING DAYS
ATTENDENCE CERTIFICATE
BASIC MAKEUP COURSE

FULL KIT INCLUDES:

KIT BAG
MANNEQUIN
X2 TOWELS
CUTTING CAPE
HAIRDRYER
SCISSORS
COMB
PIN CURL GRIPS
SETTING ROLLERS
BLOW WAVE BRUSHES

EXAM RE ASSESSMENTS AND STOCK FOR ALL PRACTICAL TRAINING ON OUTSIDE MODELS ARE EXCLUDED. THERE MAY BE ADDITIONAL COSTS TO BE COVERED ON THE CITY AND GUILDS EXAMS BY STUDENT, DUE TO QCTO REQUIREMENTS

PAYMENT OPTIONS FOR PART TIME STUDIES

PLEASE INITIAL AT YOUR CHOSEN PAYMENT OPTION

OPTION 1 ONCE OFF PAYMENT NATIONAL QUALIFICATION
R 95 000.00 ☐

OPTION 2 1ST PAYMENT
R 40 000.00
R6 112.00/MONTH FOR 9 MONTHS AFTER 1ST PAYMENT ☐

TAKE NOTE! FULL PAYMENT SHOULD BE MADE BEFORE COURSE CERTIFICATES WILL BE RECEIVED

RE ASSESSMENTS ARE EXCLUDED. THERE MAY BE ADDITIONAL COSTS TO BE COVERED ON THE CITY AND GUILDS EXAMS BY STUDENT, DUE TO QCTO REQUIREMENTS

DETAILED INFORMATION ON WHAT THE COURSE ENTAILS, WILL BE PROVIDED ONCE ENROLLMENT IS CONFIRMED.

BANKING DETAILS

BANK: CAPITEC BUSINESS ACCOUNT
ACCOUNT NAME: GOLDMANE TRAINING ACADEMY
ACCOUNT NUMBER: 1054 8009 44
REFERENCE: LEARNER NAME AND SURNAME MUST ALWAYS BE SUBMITTED ON PAYMENT MADE.
PROOF OF PAYMENT SHOULD BE EMAILED TO : goldmanehairacademy.com

FULL PAYMENT OR 1ST PAYMENT, BASED ON YOUR PAYMENT OPTION, SHOULD BE MADE BEFORE 15 JANUARY 2027

STUDENT REGISTRATION FORM

FOR QUALIFICATION HAIR CARE

Student Name: _____

DECLARATION BY PERSON RESPONSIBLE FOR FEES

1. I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE LEARNER INDICATED ABOVE, HAS MY CONSENT AND FINANCIAL SUPPORT TO BE REGISTERED FOR THE LEARNING OPTIONS INDICATED.
2. I ACCEPT FULL RESPONSIBILITY FOR ALL COSTS WITH RESPECT TO FEES FOR THE LEARNING PROGRAMME THAT WILL BE ATTENDED BY THE LEARNER INDICATED HEREIN.
3. I CONFIRM THAT ALL ABOVE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT
4. THE LEARNER WILL ONLY BE DEEMED AS ENROLLED ONCE THE REGISTRATION DEPOSIT HAS BEEN DEPOSITED AND PROOF THEREOF BEEN RECEIVED
5. I UNDERSTAND AND ACCEPT THAT I WILL BE HELD RESPONSIBLE FOR THE OUTSTANDING AMOUNT OF THE PROGRAMME FEES IF THE LEARNER OR ANY AUTHORISED PERSON CANCELS THE LEARNING PROGRAMME. IN CASE OF A DISPUTE BOTH PARTIES AGREE TO THE JURISDICTION DISTRICT OF COURT AT PRETORIA NORTH.
6. I UNDERTAKE TO PAY ALL DUE FEES IMMEDIATELY WITH CANCELLATION OF LEARNING PROGRAMME.
7. I ACCEPT THAT GOLDMANE TRAINING ACADEMY RESERVES THE RIGHT OF ADMISSION.
8. I ACCEPT THAT GOLDMANE TRAINING ACADEMY RESERVES THE RIGHT TO UPGRADE OR ADAPT LEARNING MATERIAL TO THE REQUIREMENTS OF THE SERVICE SETA OR OTHER RELEVANT BODIES.
9. I ACCEPT THAT A NON-REFUNDABLE REGISTRATION DEPOSIT, WITH CERTIFIED COPIES OF THE LEARNERS IDENTITY DOCUMENT, SENIOR CERTIFICATE AND OR HIGHEST QUALIFICATION AND ALL OTHER RELEVANT DOCUMENTS MUST ACCOMPANY THE COMPLETED REGISTRATION FORM.
10. I UNDERSTAND THAT IF THE ABOVE PAYMENT ARRANGEMENTS ARE NOT MET, THE LEARNER MAY NOT ATTEND ANY CLASSES OR TAKE PART IN ANY ASSESSMENTS UNTIL FURTHER ARRANGEMENTS HAVE BEEN MADE WITH MANAGEMENT.

Signed at _____ on this _____ day of _____ 20_____

Name of person responsible for the account: _____

Signature: _____

DECLARATION BY STUDENT:

1. I AGREE THAT INFORMATION SUPPLIED IN THIS DOCUMENT IS CORRECT.
2. I WILL FAMILIARISE MYSELF WITH THE RULES AND REGULATIONS OF GOLDMANE TRAINING ACADEMY.
3. I COMMIT MYSELF TO COMPLY TO THESE RULES.

Signed at _____ on this _____ day of _____ 20_____

Signature of student: _____

Name of witness: _____ Signature of witness: _____