

COURSE APPLICATION FORM

Instructions:

Please complete sections A. This form should be completed in BLOCK letters.

A. COURSE DETAILS

Course Interested In:

Part-Time

Full-Time

(Please tick only one)

Surname:		Title:		Initials:	
First names:					
Gender:		Male	Female		
Date of Birth:	DD	MM	YYYY		
I.D./Passport Number:					
Nationality:					
Physical Address:					
Code:			Country:		
Postal Address:					
Postal code:			Country:		
Home Tel: ()			E-Mail Address:		
Mobile Phone:					
Disabilities: (If Yes, please specify)		Yes	No		
Highest Qualification Obtained:					
Accommodation Required		Yes	No		
Where did you hear about THASA					

B. TERMS AND CONDITIONS

The Hair Academy of South Africa (THASA) reserves the right to alter any programme within reasonable means if it is in the best interest of the applicant and THASA will not be held accountable to these changes.

C. ADDITIONAL REQUIREMENTS

Identity document/Passport
Curriculum Vitae
School Certificate / Report

<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yes

<input type="checkbox"/>	No
<input type="checkbox"/>	No
<input type="checkbox"/>	No

Student's Signature

Date