

COURSE REGISTRATION FORM

Instructions:

Please complete sections A, B and D. This form should be completed in BLOCK letters.

A. COURSE DETAILS

Course Interested In:

Part-Time

Full-Time

(Please tick only one)

B. PERSONAL DETAILS

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:		
Home Fax: ()			Mobile Phone:		
Disabilities: (If Yes, please specify)		Yes	No		
Highest Qualification Obtained:					
Accommodation Required		Yes	No		
Where did you hear about THASA					



THE
HAIR ACADEMY
OF SOUTH AFRICA

ACADEMIC EXCELLENCE IN TEACHING HAIRDRESSING

THASA, P.O. Box 6752, Baillie Park, 2526
Tel : 018 290 5219 / Fax : 086 520 9195
Email : principal@thasa.org.za / Website : www.thasa.org.za

Provisionally accredited by Umalusi FET00634 PA, SETA approval no: 2620

Provisionally registered as a private FET college with DHET no: 2010/FE07/085

C. TERMS AND CONDITIONS

1. This registration form is binding.
2. The person who signs the form is liable for payment of the full fee.
3. On receipt of the registration form a confirmation letter will be mailed to the applicant.
4. Please note that the deposit and administration fees are NOT refundable.
5. Registration fees do not include accommodation or any additional equipment that are not part of the programme.
6. The Hair Academy of South Africa (THASA) reserves the right to alter any programme within reasonable means as long as it is in the best interest of the applicant and THASA will not be held accountable to these changes.

D. PAYMENTS

Payments can be made via electronic transfer or direct deposit; these payments can be made to the following account: (Please include your name/telephone number as a reference number)

Account holder:	The Hair Academy of South Africa
Bank:	Standard Bank
Branch code:	052-838
Account no:	030591422

I _____ (Full Names), with I.D./Passport Number _____
accept the terms and conditions and undertake responsibility for the payment related to this registration.

Signature:.....

Date:.....

A copy of the deposit slip or proof of payment to be faxed to: 086 520 9195. Cheques should be made payable to The Hair Academy of South Africa.

THE REGISTRATION FORM AND PROOF OF PAYMENT SHOULD BE RETURNED TO:

The Hair Academy of South Africa
PO Box 6752 • Baillie Park • 2526
Telephone 018 290 5219
Facsimile: 086 520 9195
E-Mail: principal@thasa.org.za