



THE HAIR ACADEMY OF SOUTH AFRICA

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

SETA accreditation no : 2620

City & Guilds accreditation no : 843332

COURSE APPLICATION 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)

If part-time, which level? Level 02 Level 03 Level 04

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:					



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Accommodation Required	Yes	No	
Where did you hear about THASA			

C. TERMS AND CONDITIONS

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. ADDITIONAL REQUIREMENTS

Identity Document Book

Yes

No

Curriculum Vitae

Yes

No

School Certificate

Yes

No

Student's Signature

Date