



# EMERALD HAIR BEAUTY AND TRAINING CENTRE

Attached a recent passport photo here

## APPLICATION/ REGISTRATION FORM

APPLICANT NUMBER: (for official use)

ACADEMIC YEAR APPLIED FOR

### SECTION 1 INSTRUCTIONS FOR THE COMPLETION OF THE FORM

1. Complete the areas on the form in BLOCK LETTERS in black ink.
2. A non-refundable Application fee of N\$250.00 (once-off, non-refundable) must accompany this application. **(For Foreign Students A non-refundable Application fee of N\$300.00 (once-off, non-refundable) must accompany this application.)**
3. Payments can be made by Cash at the Centre or into Centre's Bank account. This application must be accompanied by Certified Copy of ID/Passport, Certified Academic Certificate, Proof of Cosmetology Level 2 Certificate (for Level 3 applicants), x2 Recent Passport Photos, Proof of payment.
4. That the form has been signed by the relevant parties, and by parent/guardian if you are a minor.
5. That all closures, terms and conditions have been read, understood and agreed upon.
6. The application form must be submitted / emailed to Emerald Hair Beauty and Training Centre.

### SECTION 2

#### FOR OFFICE USE ONLY

Date

Application Fee	N\$	Monthly tuition fees	N\$
Registration fee	N\$	Copy of ID(certified) and/or Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport Photos		Receipt No	
Self-funded / Funded/ Cash		Comments/ Remarks	
Centre Manager Signature			

### SECTION 3

MODE OF STUDY: Full Time Part Time TBA

#### PROGRAMME OF STUDY FOR WHICH YOU WANT TO ENROLL

Cosmetology Level 2  Cosmetology Level 3  Apprenticeship  RPL  Distance/Online

#### SECTION 4 PERSONAL DETAILS OF APPLICANT

Title	Mr./Ms./Mrs.		Gender	Male	Female	
Surname			First Name			
ID/Passport Number			Date of birth	Day	Month	Year
Home Language			Home Town			
Other Language			Country			
<b>CONTACT DETAILS:</b>						
Tell /Cell			E-mail Address			
Residential address						

**Please note that all classes will be conducted in English**

<b>SECTION 5 REGION OF BIRTH : CROSS (X) THE APPROPRIATE REGION OF ORIGIN BELOW [Namibian nationals only]</b>								
Erongo		Hardap		Karas		Kavango East		Kavango West
Ohangwena		Omaheke		Omusati		Oshana		Oshikoto
<b>If not a Namibian Citizen please provide the following details</b>								
Country of Origin				Passport No.				Expiry Date
Type of Permit				Permit No.				Expiry Date
Nationality				Home language			Marital Status:	
<b>SECTION 6 TRADES</b>			<b>MINIMUM REQUIREMENTS</b>					
Cosmetology Level 2			<ul style="list-style-type: none"> <li>Grade 9 with 18 Points and "E" in English and "E" in Mathematics (new curriculum)</li> <li>Grade 10 with 18 Points and "E" in English and "E" in Mathematics (old curriculum)</li> <li>Minimum entry age (16 years and above)</li> <li>Mature age entry: Aptitude test (English Literacy and Numeracy)</li> <li>Minimum entry age (23 years and above)</li> </ul>					
Hairdressing Level 3			Cosmetology Level 2 Statement of Results / Certificate					
<b>CAREER CHOICE</b>								
Choose in order of preference, the Trade/s you are applying for: put a number in the box in order of preference e.g. First choice write 1 and second choice write 2. CHOOSE ONLY 2 (Two trades).								
Trade			Choice		Committee Approval (Please, do not write on this coloured space)			
Cosmetology Level 2								
Hairdressing Level 3								
<b>MATURE AGE ENTRY EXAMS</b>								
For admission purposes you will be expected to write a Mathematics (Basic Numeracy) and English Proficiency entrance test.								
<b>SECTION 7 PARENTS/ GUARDIAN CONTACT DETAILS [This information is required in the case of an emergency]</b>								
Title	Mr./Ms./Mr.		Surname					
First Names								
Residential Address				Town				
Country								
Telephone Home		Telephone Work						
Relationship								
Cellphone No								
E-mail Address								
<b>SECTION 8 HIGHEST QUALIFICATION OBTAINED &amp; Experience [Please attach a certified copy of the latest school leaving results]</b>								
Name of last School/Institution Attended								
Grade Completed						Points obtained		
Year Obtained						Region		
Have you completed Cosmetology Level 2?			<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, where and when?								
Do you have any relevant work experience?			<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, briefly describe your experience:								
<b>SECTION 9 EMPLOYMENT STATUS</b>								
Name and Address of Employer (If Applicable)								
Occupation								
Telephone Number								

Email Address							
<b>SECTION 10 PAYMENT DETAILS</b>							
<b>Name of Person / Institute responsible for Payment:</b>							
Relationship							
Telephone Number							
Email Address							
<b>SECTION 11 PHYSICAL CHALLENGES</b>							
<b>Indicate whether physically challenged.</b>							
If answer is yes, please mark (X) on the challenge you experiencing.							
Blind/ Visually Impaired	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Wheel chair bound	<input type="checkbox"/>	Other ( Please specify)	<input type="checkbox"/>
<b>HOW DID YOU HEAR ABOUT US?</b>	Friend/Family	Website	Internet	Face book	Instagram	Newspaper	School
	Exhibition	Twitter	Radio	Other(please specify)			
<b>SECTION 12 MOTIVATION (Why do you want to study this course?)</b>							

#### TRAINING CENTRE DETAILS

##### Physical Address:

Erf 228, Werner List Street, Behind FNB John Meinert, next to Buffalo Signs.  
P.O.Box 25925, Windhoek, Namibia

Tel: +26481 2882087 / 26481 7030718, | Email: [emeraldhair.pw@gmail.com](mailto:emeraldhair.pw@gmail.com) |  
Website: [emeraldtraining.org](http://emeraldtraining.org)

##### Banking Details

##### Office Hours

##### Bank details:

Bank: First National Bank

Branch Code: 282 672

Account number: 62253507506

##### For Enquiries

**Mondays to Fridays**

**08:00 – 17:00**

##### Please email proof of payment to:

Email: [emeraldhair.pw@gmail.com](mailto:emeraldhair.pw@gmail.com)

##### For Cash Payments

**SECTION 13 DECLARATION BY APPLICANT** (Parent or Guardian if applicant is younger than 21 years of age.)

I \_\_\_\_\_ on \_\_\_\_\_ declare  
(Applicant Name and Surname) (Signature) (DD / MM / YYYY)

That the information entered above is correct and complete. That if it be found that the information to be false and misleading in any respect, this application may be invalidated and the applicant 's registration terminated. That I have read and understand the terms and conditions set forth by Emerald Hair Beauty and Training Centre cc.

That I understand that no refunds will be done on payments made and that that I will be fully liable for all fees. The information as provided is correct and that I accept responsibility for the payment of all fees associated therewith. I accept that if I discontinue or changes course of study at any time, there will be no cancellation or reduction of fees and that I **WILL BE LIABLE FOR THE FULL PAYMENT OF SUCH FEES FOR THE CURRENT YEAR OF STUDY**. One term's notice is required if learner decides to discontinue her/his studies and I agree to that provision.

I understand that if I wish to withdraw from the short course before the course start date the deposit is nonrefundable, if full payment has been made, a partial refund or course credit will be considerate. No refunds will be issued once the course has commenced, regardless of attendance. I will be held responsible for the full amount including kit and training fees as well as other fees arising throughout the training period as enrolled for if I am self – funding.

I understand by signing this form, that I will not claim any compensation whatsoever and that I am giving my permission to Emerald Hair Beauty and Training Centre to (including but not limited to) videos, audio recordings, student participation at functions and accept that any photos used for publicity purposes will remain the property of Emerald Hair Beauty and Training Centre.

I understand that Emerald Hair Beauty and Training Centre may use the recordings for the purpose of the Centre's education, marketing, alumni, and fundraising activities in any media which include: magazines, newspapers, trade journals, annual reports, booklets, pamphlets, newspapers, advertisements, and other promotional materials; classroom and online course materials, the Training Centre's website, and its related social media sites.

Signature: \_\_\_\_\_  
(Applicant/Student)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Director/ Management

Date: \_\_\_\_\_

**SECTION 14 DECLARATION BY PERSON RESPONSIBLE FOR PAYMENT:**

I, \_\_\_\_\_ (NAME IN FULL of Parent/Legal

Guardian of Applicant hereby declares that I fully understand and accept the conditions as set by Emerald Hair Beauty and Training Centre cc. Furthermore, fully understand that no refunds will be done on any fees paid and that I will be fully liable for all fees.

I, the undersigned \_\_\_\_\_ (the Parent/Legal guardian of the Applicant) commit myself to comply with the stipulations of Emerald Hair Beauty and Training Centre cc on this document, and I undertake personally to fulfill all the financial obligations of the Applicant to Emerald Hair Beauty and Training Centre cc in respect of the period that the Applicant will still study at Emerald Hair Beauty and Training Centre cc. I also declare not to have any claim against Emerald Hair Beauty and Training Centre cc or any other persons involved with the Centre's activities any Staff member case of loss of life, property and/ or injury during the course of my studies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

## SECTION 15 APPLICANT INDEMNITY

1. I \_\_\_\_\_ on \_\_\_\_\_ declare  
(Applicant Name and Surname) (Signature) (DD / MM / YYYY)  
that neither I nor my dependents have any claim to compensation from Emerald Hair Beauty and Training Centre Cc or any other persons involved with the Centre's activities for any misadventure suffered during the course of such activities.

2. I declare that all particulars given by me on this form are true and correct.

3. I accept that I am entitled to only 20 days' absence from Centre without medical certification during the year in order to qualify for year-end moderation.

4. I am familiar with and understand the Rules and Regulations of the Centre and examination instructions; and undertake to submit to the Rules and Regulations as may from time to time be amended by the Centre in its absolute discretion. (Annexure A) To be received, signed for and filed on the student's record file at the commencement of the training.

5. I will inform Emerald Hair Beauty and Training Centre changes made (in writing), in the event of the following: change of residential or postal address, cancellation of or changes made to my course;

6. I am aware that the validity of my enrolment will be subject to the compliance of the relevant regulations as stipulated by Emerald Hair Beauty and Training Centre, notwithstanding provisional acceptance of my enrollment by the Training Centre.

7. That I accept the responsibility of prompt and full payment of all accounts as prescribed in the fees regulations and any other amounts of which I am indebted to Emerald Hair Beauty and Training Centre if I am self-funding.

8. I am aware that fees and legal costs will be recovered from me in the event of failing to fulfill my financial commitments towards Emerald Hair Beauty and Training Centre timeously.

9. I accept full responsibility of and liability for the payment of all class tuition, practical and equipment fees as well as other fees determined by Emerald Hair Beauty at the date of enrolment;

10. I am aware that Emerald Hair Beauty and Training Centre cc will levy bank and administrative fees as determined by Emerald Hair Beauty and Training Centre on all failed transactions or debit orders executed by my bank;

11. I will not claim any compensation whatsoever for photos taken (including but not limited to) voices used, student participation at functions and accept that any photos used for publicity purposes will remain the property of Emerald Hair Beauty and Training Centre.

12. I understand that if I wish to withdraw from the course, I will be held responsible for the full amount including kit and training fees as well as other fees arising throughout the training period as enrolled for if I am self – funding.

13. The Centre reserves the right to terminate, without prior notice, the attendance of a student whose work or conduct is considered unsatisfactory.

Signature: \_\_\_\_\_  
(Applicant/Student)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Witness)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Director/ Management

Date: \_\_\_\_\_

**SECTION 16****MEDICAL INFORMATION (Applicant)****1. Name of Medical Aid.**

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**2. Name of Scheme.**

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**3. Details: (Main Member Name) – ( Main Member Aid Number)**

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**4. Student Medical Aid Number**

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**5. Physical /Mental Handicaps**

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**6. Disability Status: Hearing (even with H. aid), Communication, Physical, Emotional, Multiple, Disabled, None**

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**7. Are you currently taking any form of medication? If yes, state which?**

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**8. Any Allergies?**

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**9. Next of Kin Contact: Name: \_\_\_\_\_****Contact No: \_\_\_\_\_****Relationship: \_\_\_\_\_****COPY OF FULL MEDICAL REPORT FROM A QUALIFIED MEDICAL PRACTITIONER, VERIFYING STATEMENTS ABOVE and, TO ACCOMPANY THIS APPLICATION**

#### INSTRUCTIONS FOR THE COMPLETION OF THE FORM:

1. Complete the areas on the form in **BLOCK LETTERS** in black ink.
2. The due date for applications is .....2025. Application forms can be hand delivered or emailed to: [emeraldhair.pw@gmail.com](mailto:emeraldhair.pw@gmail.com)
3. A non-refundable application fee of N\$250.00 is payable upon submission of or via bank transfer. Our Banking Details: First National Bank, Windhoek, Account Number: 62253507506, Branch Code: 282672.
4. Late applications will be charged N\$250.00 (non-refundable).
5. This application must be accompanied by certified copies of birth certificate/identity card and relevant certified academic Certificates (Grade 9, 10 and or Grade 12).
6. Applicants who does not meet the admission requirements will be required to conduct an Aptitude Test (Adult Literacy and Numeracy test). A non-refundable test fee of N\$200.00 must be paid before writing the test.
7. Emerald Hair Beauty and Training Centre will not be held responsible for the loss of any original document(s). All certified documents will be used for filling purposes. No copies will be returned to the applicant.
8. Candidates with Non – Namibian Qualifications must have these qualifications evaluated by the Namibia Qualification Authority (NQA). A copy of the evaluation, together with the relevant documents, must be attached to the application form.
9. All information will be treated as confidential.
10. All foreign applicants are required to have the necessary study visa attached to the Application and are required to pay an 60% deposit of the total Annual Tuition fees upon registration which may be subject to change.

**CHECKLIST:**

Items that that must be submitted before your application will be processed. *Please tick.*

1	<i>Application form: All parts of the application has been completed.</i>	
2	<i>Application fee: Proof of payment is has been attached.</i>	
3	<i>A certified copy of latest school results e.g. August results, Namibia Senior Secondary Certificate.</i>	
4	<i>A certified copy of all tertiary qualification(s) and academic record.</i>	
5	<i>An original letter from employer(s).</i>	
6	<i>An original official translation of the foreign language other than English.</i>	
7	<i>A certified copy of the Namibian Qualification Authority (NQA) evaluation of foreign qualifications, if qualification is obtained in another country other than SADC.</i>	
8	<i>Medical report from a qualified medical practitioner (if applicable)</i>	
9	<i>A certified copy of ID document (Namibian Citizen(s) or Passport foreign applicant).</i>	

Emerald Hair Beauty and Training Centre Cc