



# EMERALD HAIR BEAUTY AND TRAINING CENTRE

Erf 228, Werner List Street,  
Windhoek, Namibia

Tel: +26481 7030718/+26481 2882087, | Email: emeraldhair.pw@gmail.com |  
Website: emeraldtraining.org

Attached a  
recent passport  
photo here

## APPLICATION FORM - SHORT COURSES (PART TIME)

### 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 registration fee of N\$350.00 (once-off, non-refundable) must accompany this application. Payments can be made by **Cash at the Centre or into Centre's Bank account.**
3. A Deposit of 50% registration to secure your spot, balance must be paid before class start.
4. This application must be accompanied by certified copies of birth Certificate/identity card, 2 (two) Passport Photos. .
5. That the form has been signed by the relevant parties, and by a parent/guardian if you are a minor.
6. That all closures, terms and conditions have been read, understood and agreed upon.
7. The application form must be submitted / emailed to Emerald Hair Beauty and Training Centre.
8. Kits are not included but all practical sessions will be conducted using the training Centre's professional tools, equipment, materials and products except the mannequins and clamps for Hairdressing.

### SECTION 2 FOR OFFICE USE ONLY

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

### SECTION 3 APPLICANT PERSONAL INFORMATION

|                    |              |               |      |        |      |
|--------------------|--------------|---------------|------|--------|------|
| 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       |      |        |      |

#### CONTACT DETAILS:

|                     |  |                |  |
|---------------------|--|----------------|--|
| Tell /Cell          |  | E-mail Address |  |
| Residential address |  |                |  |

Please note that all classes will be conducted in English

### SECTION 4 PARENTS/ GUARDIAN CONTACT DETAILS [This information is required in the case of an emergency]

|                     |             |                |  |         |  |
|---------------------|-------------|----------------|--|---------|--|
| Title               | Mr./Ms./Mr. | Surname        |  |         |  |
| First Names         |             |                |  |         |  |
| Residential Address |             | Town           |  | Country |  |
| Telephone Home      |             | Telephone Work |  |         |  |
| Relationship        |             | Cellphone No   |  |         |  |
| E-mail Address      |             |                |  |         |  |

### SECTION 5 PAYMENT & FEES – ( Person responsible for Payment)

|           |  |
|-----------|--|
| Full Name |  |
|-----------|--|

|                  |  |
|------------------|--|
| Relationship     |  |
| Telephone Number |  |
| Email Address    |  |

## SECTION 6 PHYSICAL CHALLENGES

**Indicate whether physically challenged.**

If answer is yes, please mark (X) on the challenge you experiencing.

Blind/ Visually Impaired ☐ Deaf ☐ Wheel chair bound ☐ Other ( Please specify) ☐

|                            |               |         |          |                       |           |           |        |
|----------------------------|---------------|---------|----------|-----------------------|-----------|-----------|--------|
| HOW DID YOU HEAR ABOUT US? | Friend/Family | Website | Internet | Face book             | Instagram | Newspaper | School |
|                            | Exhibition    | Twitter | Radio    | Other(please specify) |           |           |        |

## SECTION 7 MOTIVATION (Why do you want to study this course?)

## SECTION 8 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 PERIOD OF STUDY.

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: \_\_\_\_\_

## ANNEXURE A - COURSE / MODULE SELECTION

(Please tick ✓ the course(s) you wish to apply for)

Registration Fee (Compulsory per course): N\$350.00

| HAIRDRESSING  | BEAUTY THERAPY: MAKE-UP, FACIAL & NAIL TECHNOLOGY   |
|---|---|
| 1. <input type="checkbox"/> Barbering & Shaving<br>Duration: 3 Weeks<br>Course Fee: N\$3, <u>000.00</u>   | 1. <input type="checkbox"/> Skin Anatomy & Colour Theory<br>Duration: 4 Days<br>Course Fee: N\$1, <u>200.00</u>   |
| 2. <input type="checkbox"/> Shampooing, Conditioning, Treatment Application & Head Massage<br>Duration: 4 Days<br>Course Fee: N\$1, <u>800.00</u> | 2. <input type="checkbox"/> Make-Up Service<br>Duration: 4 Days<br>Course Fee: N\$2, <u>000.00</u>  |
| 3. <input type="checkbox"/> Roller Setting & Blowdrying<br>Duration: 4 Days<br>Course Fee: N\$1, <u>500.00</u>                                    | 3. <input type="checkbox"/> Facial Treatments<br>Duration: 4 Days<br>Course Fee: N\$1, <u>900.00</u>  |
| 4. <input type="checkbox"/> Braiding (Natural Hair, Cornrows, Extensions & Hairpieces)<br>Duration: 2 Weeks<br>Course Fee: N\$2, <u>800.00</u>    | 4. <input type="checkbox"/> Foot Spa<br>Duration: 4 Days<br>Course Fee: N\$2, <u>200.00</u>   |
| 5. <input type="checkbox"/> Hair Perming<br>Duration: 4 Days<br>Course Fee: N\$2, <u>800.00</u>   | 5. <input type="checkbox"/> Artificial Nail Enhancement<br>Duration: 4 Days<br>Course Fee: N\$2, <u>800.00</u>  |
| 6. <input type="checkbox"/> Chemical Straightening & Relaxing<br>Duration: 5 Days<br>Course Fee: N\$3, <u>000.00</u>                              | 6. <input type="checkbox"/> Gel Nail Enhancement Treatment<br>Duration: 4 Days<br>Course Fee: N\$2, <u>800.00</u>   |
| 7. <input type="checkbox"/> Ladies Cut<br>Duration: 2 Weeks<br>Course Fee: N\$3, <u>000.00</u>  | 7. <input type="checkbox"/> Nail Art Designing (Gel, Acrylic, Manicure & Pedicure)<br>- Dotting, Marbling & Inks, Foils & Glitters, 3D Flowers & Designs, Stones & Gems, Stickers & Strips, Drawing, Shapes & Prints<br>Duration: 3 Days<br>Course Fee: N\$2, <u>200.00</u> |

|  |   |
|--|---|
| 8. <input type="checkbox"/> Permanent, Temporary & Semi-Permanent Colour Service<br>Duration: 3 Days<br>Course Fee: N\$2, <a href="#">500.00</a> | 8. <input type="checkbox"/> Nail Care (Manicure & Pedicure)<br>Duration: 4 Days<br>Course Fee: N\$2, <a href="#">000.00</a><br>9. <input type="checkbox"/> Manicure<br>Duration: 4 Days<br>Course Fee: N\$1, <a href="#">200.00</a> |
| 9. <input type="checkbox"/> Hair Colour Removal & After-Care Application<br>Duration: 2 Days<br>Course Fee: N\$1, <a href="#">500.00</a>         | 10. <input type="checkbox"/> Pedicure<br>Duration: 4 Days<br>Course Fee: N\$1, <a href="#">200.00</a>   |

#### Banking Details

##### Bank details:

Bank: First National Bank  
Branch Code: 282 672

Account number: 62253507506

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

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

#### Office Hours

##### For Enquiries

**Mondays to Fridays**

**08:00 – 17:00**

**For Cash Payments**

**PRE- APPLICATION CHECKLIST:**

**Please ensure you have submitted all required items before your application will be processed.  
Please tick.**

|          |   |  |
|----------|---|--|
| <b>1</b> | <b><i>Application form: All parts of the application has been completed including medical report.</i></b> |  |
| <b>2</b> | <b><i>Application / Registration fee: Proof of payment has been attached.</i></b>                         |  |
| <b>3</b> | <b><i>Two recent passport photos has been attached.</i></b>   |  |
| <b>4</b> | <b><i>50% deposit of the total course fee to secure registration has been attached.</i></b>               |  |
| <b>5</b> | <b><i>A certified copy of ID document (Namibian Citizen(s) or Passport foreign applicant).</i></b>        |  |
| <b>6</b> | <b><i>Medical report from a qualified medical practitioner (if applicable)</i></b>                        |  |

### 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**