



# EMERALD HAIR BEAUTY AND TRAINING CENTRE

Erf 228, Werner List Street,  
Windhoek, Namibia

Attached a  
recent passport  
photo here

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

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

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

#### 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**