



La Louve Private Hair Academy

SETQAA nr: 1863

2007 / 007976 / 07

Registration Form

Learner Information

First Names: _____

Surname: _____

ID Number: _____

Date Of Birth: _____ Race: _____ Male/Female: _____

Cell: _____ Home Tel: _____

Home Address: _____

Zip Code: _____

Postal Address: _____

Zip Code: _____

Highest Level Qualification: _____

Citizenship: _____ Home Language: _____

Learning Qualification Prior To Hairdressing: _____

Motivation For Entering The Course: _____

Employed: _____ (Yes/No)

Any Special Learning Needs?: _____

If "Yes": (Learnership detail)

Name Of Salon: _____

Tel No Of Salon: _____

Name Of Employer: _____

Address Of Salon: _____

Zip Code: _____

Salon e-mail: info@lalouve.co.za

Seta Contract Number: _____ (La Louve to provide)

Guardian/Parent Details (If under 21)

Relation: _____

Full Name: _____

Surname: _____

ID Number: _____

Physical Address: _____

_____ Zip Code: _____

Postal Address: _____

_____ Zip Code: _____

Contact Numbers: Home: _____ Cell: _____

Work: _____

Email: _____

Fax: _____

Accommodation Required: Yes No (*Please Circle Desired Option*)

Application for admission: ___January / ___July (*Tick Option Please*)

JULY INTAKE ONLY PART TIME

Signature Learner: _____ Date: _____

Signature Parent/Guardian: _____ Date: _____

(See Financial Agreement Form)

R2 000-00 registration fee non refundable