SHILOH TRAINING
Awakening a generation

Reg No 2021/567803/07
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QCTO
Quality Council for Trades & Occupations

Email: info@shilohtraining.co.za
Address: 2039 Sonneblom Street Kathu 8446
ETDPSETA Accreditation No: ETDP011582
SACE NO HE000000983
http://www.shilohtraining.co.za

TAX * 9644593189
NORTHERN CAPE
CELL NO: 0617445960

Learner Application and Registration

Occupational Certificate: Nail Therapist, NQF Level 4

SAQA 121670, Credits: 47

1. Complete form with black pen in clear handwriting
2. Initial each page at bottom

No	Field	Description	Information
	Personal Details		
1	**Learner Surname**		
2	**Full Names**		
3	**Learner Title**	*Mr, Ms, Mrs, Dr, Prof.*	
4	**ID Number**	*RSA ID. If not, Complete next line*	
5	**Alternative ID**	*Only complete if no RSA ID is available. Indicate type of altern ID*	
6	**Date of Birth**	*Insert date of birth*	
7	**Gender**	*Male – M, Female – F, Other – O*	
8	**Equity**	*Black African – BA, Black Indian Asian – BI, Black Coloured – BC, White – W, Other – O (specify)*	
9	**Guarantor/Sponsor/ Guardian (Full name, ID no, address and contact number)**	*Who will be responsible person to pay your monthly account? (Add certified copy of ID document of proof of physical address.)*	
10	**Socio Economic Status of the Student**	**Employed/Unemployed.** *If unemployed, the Guarantor/ Sponsor/Guardian must complete line no 9, page 1 and initial with student on all pages and fill in and sign Financial Commitment Form, page 5.*	
11	**Disability Status**	*None, hearing / sight / speech / movement, other (specify)*	
12	**Geographic Area**	*List geographic area that you live in, Gauteng, Kwa Zulu Natal, Eastern Cape, Western Cape, Northern Cape, Limpopo, Polokwane, Free State, Northwest, Mpumalanga, Northern Province, Outside SA*	

	Contact Details		
13	**Physical Address**	*State physical address*	
14	**Postal Address**	*State PO Box, or address where mail is received*	
15	**Home Phone Number**	*One of the following contact details (number 12 – 16 is mandatory to complete*	
16	**Business Phone Number**		
17	**Cell Phone Number**		
18	**Fax Number**		
19	**Email**		
	Educational Details		
20	**Highest Education**	*Overview of qualifications completed*	
	High School Attended		
	Year of matric		
21	**Current Occupation**	*State current or last occupation, if unemployed.*	
22	**Experience**	*Overview of experience in years and fields / areas*	
23	**Years in last Occupation**	*State years*	

	Programme Details		
24	**Name of Learning Programme**	*Full name of programme, i.e., National Certificate in …*	**Nail Therapist**
25	**Programme Number**	*NLRD number*	**SAQA 121670**
26	**NQF Level and credits of programme**	*State NQF Level*	**L4 - 47 Credits**
27	**Learning programme**	*Qualification, learnership, skills programme, learning programme*	**Occupation Certificate**

	Module Details – SKILLS SHORT COURSE ECC CERTIFICATE	
28	**Modules**	**COURSE LAYOUT** **Knowledge Modules** 514201-001-00-KM-01, Cosmetic Chemistry, NQF Level 4, 5 Credits. 514201-001-00-KM-02, Professionalism and Business Principles, NQF Level 4, 10 Credits. 514201-001-00-KM-03, Setting up a Salon Business Plan, NQF Level 4, 7 Credits. 514201-001-00-KM-04, Integumentary System, NQF Level 4, 5 Credits. 514201-001-00-KM-05, Human Anatomy, NQF Level 4, 5 Credits. **Total number of credits for Knowledge Modules: 32** **Practical Skill Modules** 514201-001-00-PM-04, Provide a Manicure and Pedicure Service, NQF Level 4, 12 Credits. **Total number of credits for Practical Skill Modules: 12** **Work Experience Modules** 514201-001-00-WM-02, Processes and Procedures for a Manicure and Pedicure Treatment, NQF Level 4, 3 Credits.

Please put a clear black cross next to each correct option: -

Alternative ID type	Equity code	Nationality code		Citizen/residence status
521 SAQA member ID 527 Passport No 529 Driver's licence 531 Temporary ID no 533 None 535 Unknown 537 Student no 538 Work permit no 539 Employee no 540 Birth certificate no 541 Human Sciences Research Council register no 561 ETQA record no	BA Black: African BC Black: Coloured BI Black: Indian / Asian U Unknown WH White	Unspecified SA South African SDC SADC except SA (i.e. Nam to ZAI) NAM Namibia BOT Botswana ZIM Zimbabwe ANG Angola MOZ Mozambique LES Lesotho SWA Swaziland MAL Malawi ZAM Zambia MAU Mauritius TAN Tanzania	SEY Seychelles ZAI Zaire ROA rest of Africa EUR European countries AIS Asian countries NOR North American countries SOU Central & South American countries AUS Australia & New Zealand OOC Other and rest of Oceania NOT N/A: Institution	U Unknown SA South Africa O Other D Dual (SA plus other) **Gender Code** M Male F Female

Home language code	Province code	Disability status	Socio-Economic Status
ENG English AFR Afrikaans OTH Other SEP sePedi SES seSotho SET seTswana SWA siSwati TSH tshiVenda U Unknown XHO isiXhosa XIT xiTsonga ZUL isiZulu NDE siNdebele	0 Undefined 1 Western Cape 2 Eastern Cape 3 Northern Cape 4 Free State 5 Kwazulu-Natal 6 Northwest 7 Gauteng 8 Mpumalanga 9 Limpopo	N None 01 Sight (even with glasses) 02 Hearing (even with hearing aid) 03 Communication (talking, listening) 04 Physical (moving, standing, grasping) 05 Intellectual (difficulties in learning); retardation 06 Emotional (behavioural or psychological) 07 Multiple 09 Disabled but unspecified U Unknown	U Unspecified 01 Employed 02 Unemployed 03 Not working – not looking for work 04 Not working – housewife/homemaker 06 Not working – scholar/full time student 07 Not working – pensioner/retired person 08 Not working – disabled person 09 Not working – not wishing to work 10 Not working – none of the above 97 N/A : Aged < 15 98 N/A : Institution

Financial Commitment Form

I_____**; ID**_____ the Student/Guardian/ Sponsor or Guarantor agree to pay all financial obligations incurred by

The student: **Name and Surname of Student**: _____; **ID**_____ participation in this course at **SHILOH Training Pty Ltd. If you, the student will not be the person responsible for monthly payment of your account, your Sponsor, Guarantor or Guardian must complete Part 9, page no 1, initial all pages and fully sign Financial Commitment form. (Attached, certified copies of ID, both student and financially responsible person with application.)**

I am aware that the duration of the course is a full 4 months. I will arrange my study program effectively and follow the online learning plan according to schedule provided for full qualification: I will do e-learning/online learning on **Nail Therapist Course, SAQA 121670.** I declared that I did study the full Nail Therapist brochure in detail at registration. I will receive e-books and all e-guides, and full training via e-learning and online learning.

Registration Fee: **R 2 0 0 0 . 0 0 o n c e o f f (NB: if paid at ATM, R2030 for cash handling fees)**
Monthly Fee: **R1000.00 (NB: if paid in cash at ATM, R1030 for cash handling fees)**
Non-refundable registration- and monthly fees.

Bank Particulars: SHILOH TRAINING, FNB BUSINESS CHEQUE ACCOUNT, ACCOUNT NO 6289 738 0582

MONTHLY FEES - to be paid on/before **the first day** of each month. Strict Immediate Payments if paid one or more days thereafter**. 7.8% Interest will be charged on monthly late payments.**

PENALTY/EXTENSION PAYMENT - Should you fail to complete your required modules/credits and Practical File within 13 months, or should your account balance be in arrears at the end of the 13 months, you will be charged a penalty payment to cover facilitation/assessor/admin fees/interest on course amount – **R1500.00.**

CANCELLATION BY STUDENT - In the event of cancellation, **R1500.00** will be payable to Shiloh Training (Pty) Ltd. If a student cancels in the first three weeks, no cancellation fee will be charged, but non-refundable registration and monthly fees. If cancellation occurs after three weeks, a student will be required to pay the Cancellation Fee of R500.00 plus any monthly fees, pro-rata in arrears. Written Cancellation Letters to be sent to info@shilohtraining.co.za. If a student cancels during any of the first 14 days of a specific month, the account will be calculated pro-rate per day. But if a student cancels on the 15th day or thereafter, a full month's fee is due on cancellation for that specific month, plus cancellation fee.

Shiloh Training (Pty Ltd has the full and legal right to withhold the Statement of Results and the formal certificate until full account and/or any additional fees are paid up.

.....	.....	.....
SIGNATURE - LEARNER	**SIGNATURE - GUARANTOR**	**DATE**

CODE OF CONDUCT AND AGREEMENT: NAIL THERAPIST: SAQA 121670, L4

I……., ID no …… agree and will act according:

- Setout rules as per roll out plan and I need to abide by the rules, policies, and procedures of the Shiloh Training (Pty) Ltd and QCTO standard, (policies available on request).
- I will take actively part in my e-learning/online/practical training and work according to the learning programme and meet hand-in dates.
- I will respect and obey WhatsApp Rules, e-life Class Rules, my fellow students and my Facilitator's instructions and privacy always.
- I present Shiloh Training at the approved workplace center where I work or where I am doing my Practicals (WIL), therefore I will respect and obey the rules and act in good conduct at the workplace center.
- I understand the term plagiarism and declare that I will do my OWN authentic formative and summative activities, except for group work instructions.
- I will pay my fees monthly in cash at ATM or by EFT in Business Bank Account. If my account is not paid up at the end of the course or if my files are not done, a penalty/extension fee of R1500 is payable. In case of Cancellation, I must pay a cancellation fee of R1500 and any outstanding fees and if late registered.
- **To be declared competent:**

  My full course fee of R8000.00 must be paid, either by me or my Guarantor. (I understand that my account must be paid up at the end of the course, before my last and final assessments will be made.)

  I will do Workplace hours on each module at a one of Shiloh's approved workplace centers in my town,

  I will work consistently online and attend all my workplace hours on Knowledge, Practical and Workplace modules.

  I understand that **Shiloh Training (Pty Ltd has the full and legal right to withhold Statement of Results and the formal certificate until full account and/or any additional fees are paid-up.**

…….. **……**

SIGNATURE: STUDENT **SIGNATURE: WITNESS**

DATE: …… **DATE: ……**

……

GUARANTOR/SPONSOR