

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: Beauty Care Therapist, NQF Level 4

SAQA 121672 - Credits: 50

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	

SHILOH TRAINING BEAUTY CARE APPLICATION

Initial:

.....
GUARANTOR

.....
STUDENT

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 ...	Beauty Care Therapist
25	Programme Number	NLRD number	SAQA 121672
26	NQF Level and credits of programme	State NQF Level	L4 - 50 Credits
27	Learning programme	Qualification, learnership, skills programme, learning programme	Occupation Certificate

Module Details – SKILLS SHORT COURSE BEAUTY CARE CERTIFICATE		
28	Modules	<u>COURSE LAYOUT</u> <u>Knowledge Modules</u> 514201-001-00-KM-01, Cosmetic Chemistry, Level 4, 5 Credits. 514201-001-00-KM-02, Professionalism and Business Principles, Level 4, 10 Credits. 514201-001-00-KM-03, Setting up a Salon Business Plan, Level 4, 7 Credits. 514201-001-00-KM-04, Integumentary System, Level 4, 5 Credits. 514201-001-00-KM-05, Human Anatomy, Level 4, 5 Credits. Total number of credits for Knowledge Modules: 32 <u>Practical Skill Modules</u> 514201-001-00-PM-06, Provide Manual BEAUTY Care Treatment, NQF Level 4, 10 Credits. Total number of credits for Practical Skill Modules: 10 <u>Work Experience Modules</u> 514201-001-00-WM-07, Processes and Procedures for a BEAUTY Treatment, NQF Level 4, 8 Credits. Total number of credits for Work Experience Modules: 8

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	BA Black: African	Unspecified	SEY Seychelles ZAI	U Unknown
527 Passport No	BC Black: Coloured	SA South African	Zaire	SA South Africa
529 Driver's licence	BI Black: Indian / Asian	SDC SADC except SA (i.e. Nam to ZAI)	ROA rest of Africa	O Other
531 Temporary ID no	U Unknown	NAM Namibia	EUR European countries	D Dual (SA plus other)
533 None	WH White	BOT Botswana	AIS Asian countries	Gender Code M Male F Female
535 Unknown		ZIM Zimbabwe	NOR North American countries	
537 Student no		ANG Angola	SOU Central & South American countries	
538 Work permit no		MOZ Mozambique	AUS Australia & New Zealand	
539 Employee no		LES Lesotho	OOO Other and rest of Oceania	
540 Birth certificate no		SWA Swaziland	NOT N/A: Institution	
541 Human Sciences Research Council register no		MAL Malawi		
561 ETQA record no		ZAM Zambia		
		MAU Mauritius		
		TAN Tanzania		
Home language code	Province code	Disability status		Socio-Economic Status
ENG English	0 Undefined	N None		U Unspecified
AFR Afrikaans	1 Western Cape	01 Sight (even with glasses)		01 Employed
OTH Other	2 Eastern Cape	02 Hearing (even with hearing aid)		02 Unemployed
SEP sePedi	3 Northern Cape	03 Communication (talking, listening)		03 Not working – not looking for work
SES seSotho	4 Free State	04 Physical (moving, standing, grasping)		04 Not working – housewife/homemaker
SET seTswana	5 Kwazulu-Natal	05 Intellectual (difficulties in learning); retardation		06 Not working – scholar/full time student
SWA siSwati	6 Northwest	06 Emotional (behavioural or psychological)		07 Not working – pensioner/retired person
TSH tshiVenda	7 Gauteng	07 Multiple		08 Not working – disabled person
U Unknown	8 Mpumalanga	09 Disabled but unspecified		09 Not working – not wishing to work
XHO isiXhosa	9 Limpopo	U Unknown		10 Not working – none of the above
XIT xiTsonga				97 N/A : Aged < 15
ZUL isiZulu				98 N/A : Institution
NDE siNdebele				

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 **BEAUTY Care Therapist Course, SAQA 121672**. 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 .00 once off (NB: if paid at ATM, R2030 for cash handling fees)**

Monthly Fee: **R1000.00 for 6 months (NB: if paid at ATM, R1030.00 for cash handling fees)**

EISA Fee: **R1000.00 once off (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 R1500.00 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: BEAUTY CARE THERAPIST: SAQA 121672, 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 will de-activate disappearing messages during my studies with Shiloh Training.
- 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 R1500.00 is payable. In case of Cancellation, I must pay a cancellation fee of R1500.00 and any outstanding fees and if late registered.

To be declared competent:

My full course fee of R8000.00, EISA Preparation (optional): R800.00 and the R1000.00 EISA Fee to be able to write the EISA, 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.**

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SIGNATURE: STUDENT

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SIGNATURE: WITNESS

DATE:

DATE:

SHILOH TRAINING BEAUTY CARE APPLICATION

Initial:

GURANTOR STUDENT