

Application Form (Full Time Studies)



Welcome and congratulations for taking the first step towards TRANSFORMING YOUR PASSION!

Please complete all of the required fields and submitted together with the documentation required as listed below. It's always in your best interest to apply without delay as space is limited.

In order to process your application a non-refundable fee of R1000 is required – payable through EFT or at the Bank. On receipt of the application form, required documentation and payment of the non-refundable application fee, a student advisor will contact you to complete the enrolment process.

Please note: That submission of this Application Form does not guarantee you acceptance at DERMATECH.

Please submit the following with this Application form:

1. Certified copies of all Academic Qualifications
2. Proof of payment of the R1000 Application Fee

THE R1000 APPLICATION FEE IS PAYABLE TO THE FOLLOWING ACCOUNT

| | |
|--------------------------------------|---------------------|
| Account Name | Dermatech (Pty) Ltd |
| Bank | First National Bank |
| Account Number | 62092316043 |
| Branch / Universal Code | 250655 |
| Swift Code / Address - International | FIRNZAJJ |
| Reference | Name and Surname |

SECTION A: STUDENT DETAILS

Title – (Indicate with an X)

| | | | | | |
|----|--------------------------|-----|--------------------------|----|--------------------------|
| Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> |
|----|--------------------------|-----|--------------------------|----|--------------------------|

NAME (s)

SURNAME

DATE OF BIRTH

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

ID OR PASSPORT NUMBER

CITIZEN STATUS (INDICATE WITH AN X)

| | | | |
|----------------------|--------------------------|-------|--------------------------|
| Dual (SA plus other) | <input type="checkbox"/> | SA | <input type="checkbox"/> |
| Permanent Resident | <input type="checkbox"/> | Other | <input type="checkbox"/> |

HOME LANGUAGE

PREFERRED NAME

RACE

| | | | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-------|--------------------------|
| B | <input type="checkbox"/> | W | <input type="checkbox"/> | I | <input type="checkbox"/> | C | <input type="checkbox"/> | Other | <input type="checkbox"/> |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|-------|--------------------------|

GENDER (INDICATE WITH AN X)

| | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

NATIONALITY

FOREIGN STUDENT - DATE OF ENTRY INTO SOUTH AFRICA

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Other Languages

DETAILS OF DISABILITY (INDICATE WITH AN X)

| | | | | | |
|-----------------------------|--------------------------|---------------------------------|--------------------------|--------------------------------------|--------------------------|
| Slight (even with glasses) | <input type="checkbox"/> | Hearing (even with hearing aid) | <input type="checkbox"/> | Physical (move/stand etc.) | <input type="checkbox"/> |
| Communication (talk/listen) | <input type="checkbox"/> | Intellectual (Learn) | <input type="checkbox"/> | Emotional (behavioral/psychological) | <input type="checkbox"/> |
| Multiple | <input type="checkbox"/> | Disabled but unspecified | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Medication | <input type="checkbox"/> | | | | |

PHYSICAL ADDRESS

| | |
|------|----------------------|
| Code | <input type="text"/> |
|------|----------------------|

POSTAL ADDRESS

| | |
|------|----------------------|
| Code | <input type="text"/> |
|------|----------------------|

STUDENT CONTACT DETAILS

| | |
|-------|----------------------|
| Work | <input type="text"/> |
| Home | <input type="text"/> |
| Cell | <input type="text"/> |
| Email | <input type="text"/> |

ALTERNATIVE CONTACT DETAILS

| | |
|--------------|----------------------|
| Name | <input type="text"/> |
| Relationship | <input type="text"/> |
| Work | <input type="text"/> |
| Home | <input type="text"/> |
| Cell | <input type="text"/> |
| Email | <input type="text"/> |

| | |
|----------------------------|----------------------|
| Last High School Attended: | <input type="text"/> |
| Highest Grade Passed: | <input type="text"/> |

SECTION B: COURSE INFORMATION

| | |
|-------------------|--|
| Field of Study | 1 st Semester February Intake |
| Hairdressing | <input type="checkbox"/> |
| Health & Skincare | <input type="checkbox"/> |

| | | | |
|------|--------------------------|------|--------------------------|
| 2021 | <input type="checkbox"/> | 2022 | <input type="checkbox"/> |
|------|--------------------------|------|--------------------------|

Signature: _____

Date: _____