



Face to Face Bellville Campus

31 First Avenue
(Corner of Lincoln and 1st Ave)
Boston
Bellville
7550
Tel: 021 945 1895 Fax: 0866846407
Email: facetofaceca@mweb.co.za
www.facetofacecape.com

I.D. Photo

REGISTRATION FORM / CONTRACT (New student 2021)

| | |
|----------------------|----------------------|
| Surname of Applicant | <input type="text"/> |
| Full Names | <input type="text"/> |
| Date of Application | <input type="text"/> |
| Application for Year | <input type="text"/> |

DEPOSIT - , ATTACH THE FOLLOWING DOCUMENTS

| | | | |
|-----------------------------|----------------------|-------------------------------------|----------------------|
| Copy of student ID/Passport | <input type="text"/> | Proof of income of principle debtor | <input type="text"/> |
| Copy principal debtor ID | <input type="text"/> | Copy of Gr 10/12 cert or equivalent | <input type="text"/> |
| R 6000.00 deposit | <input type="text"/> | Completed Debit order form | <input type="text"/> |

SECTION 1: SELECT PROGRAM

| Face to Face Full Time | Duration | Select | Where did you hear about Face to Face? |
|---|-----------|----------------------|--|
| Make-up and Prosthetics Diploma | 1 year | <input type="text"/> | |
| Make-up and Aesthetics Diploma | 1 year | <input type="text"/> | |
| Beauty Therapy Diploma | 2 years | <input type="text"/> | |
| Make-up Certificate | 6 months | <input type="text"/> | |
| Styling and Aesthetics Tech Certificate | 6 months | <input type="text"/> | |
| Prosthetics Certificate | 6 months | <input type="text"/> | |
| Face to Face Part Time | Duration | Select | |
| Beauty and Nail Technology Certificate | 12 months | <input type="text"/> | |

SECTION 2: PERSONAL DETAILS OF APPLICANT (Student)

| | | | | | | |
|----------------------|----------------------|-----------|-----------------|------------------------------|----------------------|----------------------|
| Title | Mr | Mrs | Miss | Dr | Prof | Other (Specify) |
| Surname | <input type="text"/> | | | | | |
| Full Names | <input type="text"/> | | | | Nick Names | <input type="text"/> |
| I.D./Passport number | <input type="text"/> | | | | | |
| Date of Birth | <input type="text"/> | | | | Gender | <input type="text"/> |
| Language | English | Afrikaans | Xhosa | Zulu | Other (Specify) | |
| Citizenship | South African | | Other (Specify) | | | |
| Home Address | <input type="text"/> | | | | | Postcode |
| Postal Address | <input type="text"/> | | | | | Postcode |
| Home Tel | <input type="text"/> | | | Cell | <input type="text"/> | |
| Work Tel | <input type="text"/> | | | Email | <input type="text"/> | |
| High School Name | <input type="text"/> | | | If matriculated, which year? | | |
| Marital Status | Single | Married | Divorced | Children | Yes | No |
| Population Group | Black | Coloured | Asian | White | Other: | |
| Select T-shirt Size | XS | S | M | L | XL | XXL |

SECTION 3: MEDICAL INFORMATION OF APPLICANT (Student)

| | | |
|--|-----------|---------------------|
| Family Doctor (GP) | | |
| Tel Number | () | |
| Physical Address | | |
| Allergies | NO | Yes (Describe)* |
| Do you have any learning disabilities? | NO | YES (Describe) * |
| Do you have any physical disabilities? | NO | YES (Describe) * |
| Medical aid number | | |

* Attach relevant documentation of disabilities and/ or a medical certificate from a medical practitioner if student requires special needs.

SECTION 4: PERSONAL DETAILS OF PRINCIPAL DEBTOR (Person paying the account)

| | | | | | | | |
|-----------------------------|---------------|-----------|-----------------|-------------|-----------------|-----------------|------------|
| Title | Mr | Mrs | Miss | Dr | Prof | Other (Specify) | |
| Surname | | | | | | | |
| Full Names | | | | | Nick Names | | |
| I.D./Passport number | | | | | | | |
| Date of Birth | | | | | Gender | | |
| Language | English | Afrikaans | Xhosa | Zulu | Other (Specify) | | |
| Relation to applicant | Father | Mother | Sister | Brother | Other (Specify) | | |
| Citizenship | South African | | Other (Specify) | | | | |
| Home Address | | | | | | | |
| | | | | | | Postcode | |
| Postal Address | | | | | | | |
| | | | | | | Postcode | |
| Home Tel | | | | Cell | | | |
| Work Tel | | | | Fax | | | |
| E-mail | | | | | | | |
| Marital Status | Single | Married | Divorced | Children | | Yes | No |
| Employment Status | Self-employed | | Permanent | Casual/Temp | Contract | Pensioner | Unemployed |
| Employer(Company name) | | | | Tel no | | | |
| Position in company | | | | | | | |
| Postal address of employer. | | | | | | | |
| | | | | | | Postal code | |

SECTION 5: PERSONAL DETAILS OF PRINCIPAL DEBTOR SPOUSE / CO-DEBTOR

* If married in Community of Property, fill in spouse details. If signing as co-debtor, please fill in as well.

| | | | | | | | |
|------------------------|---------------|-----------|-----------------|-------------|-----------------|-----------------|------------|
| Title | Mr | Mrs | Miss | Dr | Prof | Other (Specify) | |
| Surname | | | | | | | |
| Full Names | | | | | Nick Names | | |
| I.D./Passport number | | | | | | | |
| Date of Birth | | | | | Gender | | |
| Language | English | Afrikaans | Xhosa | Zulu | Other (Specify) | | |
| Relation to applicant | Father | Mother | Sister | Brother | Other (Specify) | | |
| Citizenship | South African | | Other (Specify) | | | | |
| Home Tel | | | | Cell | | | |
| Work Tel | | | | Fax | | | |
| E-mail | | | | | | | |
| Marital Status | Single | Married | Divorced | Children | | Yes | No |
| Employment Status | Self-employed | | Permanent | Casual/Temp | Contract | Pensioner | Unemployed |
| Employer(Company name) | | | | Tel no | | | |
| Position in company | | | | | | | |

SECTION 6: CONFIRMATION DETAILS

| | | |
|--|----------------------|-----|
| Contact Details of Principal Debtor's Family Reference | Title, Name, Surname | |
| | Residential Address | |
| | | |
| | Tel No | () |

In the case where the Principal Debtor is not the parent or legal guardian, this information needs to be filled in.

| | | | |
|--------------------------|--|-------------------|--|
| Guardian Cell/Home Tel: | | Guardian Work No: | |
| Father Cell/Home Tel No: | | Father Work No: | |
| Mother Cell/Home Tel No: | | Mother Work No: | |

To make sure that accounts and reports/marks are posted to the address specified

Marks, Reports and Info posted to this address:

| | | | |
|------------------|--|-------------|--|
| Name and Surname | | | |
| Postal Address | | | |
| | | Postal Code | |

Statements and Invoices posted to this address:

| | | | |
|------------------|--|-------------|--|
| Name and Surname | | | |
| Postal Address | | | |
| | | Postal Code | |

Do you prefer the Statement being e-mailed?

YES

☐

NO

☐

E-mail Address

SECTION 7: TUITION FEES 2021

FULL TIME Weekdays 9:00 - 13:00 / Aesthetics Modular 9:00 - 11:00 / 14:00 - 16:00

| Duration in years | Name of Program | Year | Deposit due (Can be split 50/50) | 10 months payments | | Year Fee Total | Signature |
|-------------------|-------------------------|------|----------------------------------|--------------------|--|----------------|-----------|
| 1 | Make-up and Prosthetics | 2021 | R 6 000 | R 4 300 | | R 49 000 | |
| 1 | Make-up and Aesthetics | 2021 | R 6 000 | R 4 400 | | R 50 000 | |

| Duration in years | Name of Program | Year | Deposit due | 21 months payments | | 2 Year Fee Total | Signature |
|-------------------|-----------------|-------------|-------------|--------------------|--|------------------|-----------|
| 2 | Beauty Therapy | 2021 - 2022 | R 6 000 | R 4 200 | | R 94 200 | |

| Duration in months | Name of Program | Year | Deposit due | 5 months payments | | Year Fee | Signature |
|--------------------|-------------------------|------|-------------|-------------------|--|----------|-----------|
| 6 | Make-up Certificate | 2021 | R 6 000 | R 4 400 | | R 28 000 | |
| 6 | Aesthetics Certificate | 2021 | R 6 000 | R 4 400 | | R 28 000 | |
| 6 | Prosthetics Certificate | 2021 | R 6 000 | R 4 400 | | R 28 000 | |

PART TIME Saturdays 9:00 - 13:00

| Duration in months | Name of Program | Deposit due | 10 months payments | | Year Fee | Signature |
|--------------------|--|-------------|--------------------|--|----------|-----------|
| 12 | Beauty and Nail Technology Certificate | R 6 000 | R 3 850 | | R 44 500 | |

All tuition fees *includes* your *kits* throughout the course

SECTION 8: EXTRA COSTS

First Aid Lvl 1

R 450

ITEC International Exam

R 4 600 per exam

International Exam prices are dependent on exchange rate and subject to change.

Stationary , consumables and **towels**, see learner pack for detailed towel list and specifications.

Signature of Applicant

SECTION 9: PAYMENT PLAN / METHOD OF PAYMENT

| | | |
|---------|---|--|
| TUITION | <input type="text"/> | Pay tuition fees in Full before 15 January 2021 (Discount: 6 month course: R1000, 12 month course: R 1500, 24 month course R 2000) |
| | <input type="text"/> | Pay tuition fees by Debit Order (Activate Debit Order at your bank and bring copy of the approved Debit order to complete registration) |
| | <input type="text"/> | *Applying for a student loan / bursary at an approved financial institution (Bank) Name of Bank / Institution: _____ Details of Contact Person: _____ Tel No: () _____ |
| | * Please note: If you are applying for a Student loan / bursary the Debit Order Instructions must still be completed. | |

ONLY ABOVE PAYMENTS ACCEPTED FOR MONTHLY INSTALMENTS OF FEES, **NO CASH** PAYMENTS

OUR BANKING DETAILS

| | |
|------------------------|---------------------------------------|
| BANK: | FNB Business Cheque |
| ACCOUNT NUMBER: | 62 466 691 302 |
| BRANCH CODE: | 210655 |
| ACCOUNT NAME: | Martiq 1340 PTY Limited |
| | Fax proof of payment to: 086 684 6407 |
| | Email: facetofaceca@mweb.co.za |

SECTION 10: INTERNATIONAL EXAMS



International examinations fees are **not** included in these fees (Section 7 and 8) and are to be paid for separately.

I.T.E.C (UK) Independent Therapy Examination Council founded in 1947 and provides an independent professional examination system covering all aspects of Beauty Therapy and Make-up Artistry whose examinations would be widely recognized. All I.T.E.C Schools have to conform to a rigid set of rules and ethics governing standards of equipment, teaching and training.

SECTION 11: Extra Costs and Info

| |
|---|
| Learners must complete the course within 12 months of the final exam date of your course. Failure to complete it within this time frame will void your course. |
| Learners must budget for printing of case studies and photos in their portfolios. This can vary from R 200 to R 800 depending on quality and quantity. |
| Learners are to recruit models for all practical applications and to complete practical hours. The college will not be held responsible for providing these models. |

SECTION 12: DECLARATION

We, the undersigned declare that the information in this registration form is complete and correct. We authorise Face to Face Beauty and Make-up Design School Bellville to verify information contained in this registration form, and make any other enquiries that may be necessary. We understand that if any part of it is found incomplete, false or misleading, Face to Face Bellville may cancel registration.

We bind ourselves to take responsibility for the payment of all fees and other charges due by us to Face to Face Bellville for each full academic year as stipulated in the terms of payment in this application form. If we are in arrears, we will be liable to pay interest at the rate of interest charged by ABSA from the due date until the date of payment. We further agree that we will be liable for all costs of debt recovery, including professional fees and collection commission.

We further understand that we shall be kept liable for the full fee of the year of studies in the event of the student not completing the entire program.

The Applicant also hereby interposes and binds him/herself as surety in solidum for and co-principal debtor jointly and severally for the due and faithful performance by the Principal Debtor, its successors-in-title or assign for all the obligations to Face to Face Bellville in terms of this agreement. Face to Face Bellville shall be entitled as its opinion to institute any legal proceedings which may arise out of or in connection with this surety ship in any Magistrates Court having competent jurisdiction in respect of the surety's person, notwithstanding the fact that the claim or value of matter in dispute might exceed the jurisdiction of such Magistrates Court in respect of the cause of action.

CANCELLATION OF PROGRAMME

We, the undersigned understand that **we may not cancel** the students' enrolment after 1 November 2020 and will **forfeit the deposit** in doing so.

A cancellation will only be accepted if done in **writing**.

We further understand that we will be kept liable for the **full tuition fee** should the applicant cancel his or her program after the 1st of February 2021.

We hereby waive all claims against Face to Face Bellville for any damages or loss suffered while the student is, or as the result of being, a student of this institution resulting in death, mental harm or arising from physical injury, or illness suffered by me (the student) or any other person. Such consequences include any loss, destruction of or damage to any property belonging to me (the student) or any other person, howsoever the damage or loss caused by, but not limited to, the negligence of Face to Face Bellville or any official employee or representative of this institution.

Face to Face shall have the right at its sole discretion, to cancel tuition in any course or subject initially advertised and offered, on the basis of insufficient demand.

I, the undersigned Applicant/Student/Co-Principal Debtor undertake to abide by the policies and rules of Face to Face Bellville and sign surety as co-principal debtor.

Signature: Applicant / Student/
Co-Principal Debtor

I, the undersigned Parent / Guardian give permission to the above mentioned applicant to enrol at Face to Face Bellville.

Signature: Father / Mother / Guardian

I, the undersigned Principal Debtor / Spouse/ Co-Debtor take full responsibility of tuition fees of applicant.
If married in community of property, the spouse must sign as well.

Signature: Principal Debtor *

Signature: Spouse / Co-Debtor

SECTION 13: Detailed Fee Breakdown and Penalty Structure

| | Make-up & Aest | Make-up & Prost | Beauty & Nail Tech | Make-up or Aest or Prosthetics | Beauty Therapy |
|------------------------------|---------------------|---------------------|---------------------|--------------------------------|---------------------|
| | 12 months Full Time | 12 Months Full Time | 12 Months Part Time | 6 Months Full Tme | 24 Months Full Time |
| Deposit Dec 2020/Jan 2021 | R 6 000 | R 6 000 | R 6 000 | R 6 000 | R 6 000 |
| 29_February-2021 | R 4 400 | R 4 300 | R 3 850 | R 4 400 | R 4 200 |
| 31_March_2021 | R 4 400 | R 4 300 | R 3 850 | R 4 400 | R 4 200 |
| 29_April_2021 | R 4 400 | R 4 300 | R 3 850 | R 4 400 | R 4 200 |
| 31_May_2021 | R 4 400 | R 4 300 | R 3 850 | R 4 400 | R 4 200 |
| 30_June_2021 | R 4 400 | R 4 300 | R 3 850 | R 4 400 | R 4 200 |
| | | | | | |
| 29_July_2021 | R 4 400 | R 4 300 | R 3 850 | | R 4 200 |
| 31_Aug_2021 | R 4 400 | R 4 300 | R 3 850 | | R 4 200 |
| 30_Sep_2021 | R 4 400 | R 4 300 | R 3 850 | | R 4 200 |
| 31_Oct_2021 | R 4 400 | R 4 300 | R 3 850 | | R 4 200 |
| 30_Nov_2021 | R 4 400 | R 4 300 | R 3 850 | | R 4 200 |
| | | | | | |
| 30_Dec_2021 | | | | | R 4 200 |
| 31_Jan_2022 | | | | | R 4 200 |
| 28_Feb_2022 | | | | | R 4 200 |
| 31_March_2022 | | | | | R 4 200 |
| 28_April_2022 | | | | | R 4 200 |
| 31_May_2022 | | | | | R 4 200 |
| 30_June_2022 | | | | | R 4 200 |
| 31_July_2022 | | | | | R 4 200 |
| 31_Aug_2022 | | | | | R 4 200 |
| 29_Sept_2022 | | | | | R 4 200 |
| 30_Oct_2022 | | | | | R 4 200 |

I understand and acknowledge the above payment structure by signing below:

Debtor Signature:

Learners Signature:

Late Payment Penalty Structure:

Please note the debtor is responsible to send proof of payment to Face to Face via email or fax.

Payments not received within **5** days from payment date as mentioned above will AUTOMATICLY be handed over to **Lex Med Debt Collectors** by our accounts department and a penalty fee of 10% will be added to the outstanding ammount: *(Example: if your outstanding ammount is R 3500 10% will be added, thus R350 resulting in payable ammount being R3850)*

I understand and acknowledge the above payment penalty structure by signing below:

Debtor Signature:

Learners Signature:

