



## **SKILLS REGISTRATION FORM**

2026

Office use only:				Student numb	er:				_
Registration fee received		yes	no			_			
Copy of ID of student		yes	no			_			
Copy of highest qualification		yes	no						
Financial agreement complet	ed	yes	no						
Indemnity signed		yes	no						
<b>SECTION 1: PERSON</b>	NAL INFORMATION	ON OF LEAR	NER (STU	DENT)					
ID:			Title:	Mr		Ms		Other	
Married: YES/NO		Maden Name	: :			-		_	
Surname:									
First names:									
Nick name:									
Date of birth:			Gender:	Male		Female			
RAAIcite	Black		- Colour		Indian	-	Other	_	
Home Language:			•		•		-		
SA Citizen:	yes	No	•						
Special learning needs:		_		•					
Highest level qualificati	on: (GRADE)							_	
Home Address:									•
Postal Address:									
Email:				Cell phone:					
CECTION 2. NEVE O	F IZINI								
SECTION 2: NEXT O	FKIN				Dalatiani				
Surname:					Relation:				
Full name:									
Home tel: Email:					Cell phone:				
Home address:									
nome address:									



SECTION 3: FINANCIAL AGREEMENT
Information of person responsible for payment of fees

ID:			Title:	Mr	Ms	Other		
Surname:			_					
First names:								
Relation to student	::							
Home Address:								
	·							
Postal Address:								
Employer:				Occupation:				
Address of Employe	er:			<b>-</b>				
Email:				Cell phone:				
Home tel:				Work tel:				
Fax:				_				
Marital status:				_				
2025 FEE STRUCTU	RE SKILLS TRAINING							
BARBER skills p	rogramme							
See skills programn		R	1 8 000,00					
for more info			,					
Optional: City and C		R	1 500,00					
	ment combs, cutting coml	b, scissors	and razor					
Can be ordered at cost through academy (approx		(approx R5	000,00)					
Can you please ord	ler basic tools			Yes	No			
Tools amount								
PAYMENT OPTION	S							
PLEASE INITIAL AT	YOUR CHOSEN PAYMENT	OPTION:						
Option 1	Once off payment of	R18 00	00					
Option 2	R5 000 with registrati	on and the	e difference					
		on starting date						



## Other QCTO approved skills

Workingtowordsafull qualification
Please see programme implementation

Hair and scalp treatment atter	nda23 credits	R5 500		
Kit (Shampoo, treatment, tint I	bowl and brush, comb	set)	R500	
Hair colouring attendant Kit (tint bowl and brush, Mann foils, crocodile clips, comb	•	R15 000	R2 500	
Chemical hair reformation Kit Tint bowl and brush, Comb	51 credits set, Perm rods,clips, r	R15 000 nannequin and clamp)	R2 500	
Hair cutting attendant Kit (Cutting and thinning scisso (Basicstudentquality		R15 000 ips,waterbottle)	R3 500	
Styling attendant Kit (Hair dryer, BW brushes, Fla (extensionkitnotinclu		R14 000 grips)	R5 000	

Registration fee included in all skills Additional fees will apply for late portfolios or non show on assessment dates

You will need to complete a Portfolio of evidence
You will need to complete a logbook
You will be assessed and moderated continuously
You have to succesfully achieve all assessment criteria
You will need to do a final supervised assessment



BANK DETAILS:
Bank: NEDBANK
Branch Code: 155

Branch Code: 155 345 Acc no: 1553 072 995

Account name: LA LOUVE PRIVATE HAIR ACADEMY

REFERENCE: LEARNER NAME AND SURNAME MUST ALWAYS BE SUBMITTED ON PAYMENTS MADE

## **DECLARATION BY PERSON RESPONSIBLE FOR FEES:**

- 1. I the undersigned, hereby certify that the learner indicated above, has my consent and financial support to be registered for the spesific skills training program as indicated
- 2. The learner will only be deemed as enrolled once the full payment has been received
- 3. No statement of result will be given without payment received
- 4. Monthly payments to be made in advance (beginning of month)
- 5. Classes will be deemed cancelled with non payment
- 6. I accept that La Louve Private Hair Academy reserves the right of admission
- 7. I understand that if the above payment arrangements are not met, the learner may not attend any classes or take part in any assessments until further arrangements

Signed at	on this	day of	20				
Name of person responsible for account:							
Signature:	-						
DECLARATION BY STUDENT:  1. I agree that information supplied in this document is correct.  2. I will familiarise myself with the rules and regulations of La Louve Private Hair Academy  3. I commit myself to comply with these rules.							
Signed at	on this	day of	20				
Signature of learner:							
Signature of witness:							