

# STUDENT BOOKING FORM

Tel: 082 726 1519 | Tel: 082 399 6841  
 Email: info@soma-sa.com | Website: www.soma-sa.com  
 Address: 55 Problem Mkhize Road, Morningside, Durban, 4001  
 Company Registration: 2016/373954/07



PLEASE COMPLETE IN BLOCK LETTERS IN BLACK

## LEARNER / STUDENT DETAILS

SURNAME:											
FIRST NAME(S):											
ID NUMBER:											
CELL/TEL PHN NR:				HOME NR:							
EMAIL:											
HOME ADDRESS:											
POPULATION GROUP:		AFRICAN		COLOURED		INDIAN					
		WHITE		OTHER							
HOME LANGUAGE:											
ARE YOU A SOUTH AFRICAN CITIZEN?		YES		NO							
If NO, please declare your residency status and attach proof of your status eg: permanent residence, study permit etc.											
RESIDENCY STATUS:											
HIGHEST LEVEL OF QUALIFICATION:											
eg: Std 7, Grade 10, Matric, ABET Level 3, Degree etc											
Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998?						YES					
						NO					
If YES, please specify:											
Do you have any special learning needs?: (please let us know before you start so that we may try accommodate for these)											
TSHIRT SIZE: <small>Applicable to 5 month full time course only</small>		Sml		Med		Lrg		XL		XXL	

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## SELECT YOUR COURSE

COURSES	MARK WITH X	COURSE START DATE
Full Time 5 Month - Makeup Certificate		FEBRUARY <input type="checkbox"/> JULY <input type="checkbox"/>
Beginners Makeup Short Course		PLEASE ENQUIRE ABOUT NEXT COURSE DATE IF UNSURE
Bridal Makeup Short Course		PLEASE ENQUIRE ABOUT NEXT COURSE DATE IF UNSURE
Hair Styling Short Course		PLEASE ENQUIRE ABOUT NEXT COURSE DATE IF UNSURE

## NEXT OF KIN / RESPONSIBLE PERSON

SURNAME:			
FIRST NAME(S):			
ID NUMBER:			
RELATIONSHIP:			
CELL/TEL PHN NR:		HOME NR:	
EMAIL:			
HOME ADDRESS:			

## TERMS & CONDITIONS

STUDENTS ARE REQUIRED TO FULLY COMPLETE THE BOOKING FORM. BOOKINGS WILL ONLY BE FINALISED ONCE THE REGISTRATION FEE HAS BEEN PAID. NO SEATS WILL BE RESERVED WITHOUT THE COURSE REGISTRATION FEE PAYMENT. SOMA KIT PAYMENT NEEDS TO BE MADE IN FULL ONE MONTH PRIOR TO COURSE COMMENCEMENT. (Applicable to 5-month full time students only)  
PLEASE NOTE THAT WE RESERVE THE RIGHT TO CANCEL ANY SHORT COURSE TRAINING DATES SHOULD WE NOT RECEIVE A MINIMUM ENROLMENT OF THREE STUDENTS PER MAKEUP SHORT COURSE. IN THIS CASE YOU WILL RECEIVE A FULL REFUND.  
ALL PROOF OF PAYMENTS MUST BE EMAILED TO INFO@SOMA-SA.COM ALONG WITH YOUR FULL NAME AS THE REFERENCE.

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## Student Disclaimer

I, the undersigned, agree to the terms and conditions laid out. All registration fees need to be paid in full in order to secure student enrolment. By signing this I agree to adhere to the payment terms and conditions specified for each course. All registration fees are non-refundable and payment should be made in full upon completion of the course. No student certificates will be released until payment has been received in full. Only EFT payments will be accepted. SOMA Students and their visitors or guests enter the premises at their own risk. SOMA will not be liable for injury, loss or damage to any persons, guests or visitors including their personal property; nor for injury or death.  
Applicable to full time students only: Interest will be charged on any outstanding course fees due after the 5-month course has been completed. Should a monthly instalment payment be missed, the student will be excused from attending classes until all payments are up to date.

Please fill in this form in print and email the form to [info@soma-sa.com](mailto:info@soma-sa.com)

STUDENT FULL NAME & SURNAME: .....

STUDENT SIGNATURE: .....

DATE: .....

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## IF STUDENT IS UNDER THE AGE OF 18 YEARS:

GUARDIAN FULL NAME & SURNAME: .....

GUARDIAN SIGNATURE: .....

DATE: .....

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## PERSON RESPONSIBLE FOR PAYMENT:

I, the undersigned, agree to the terms and conditions of payment. I agree to make payment in full by the end date of the full time course. I am aware of the legal implications and costs (laid out in the terms and conditions) which will be incurred should I not adhere to payment responsibilities.

FULL NAME & SURNAME: .....

SIGNATURE: .....

DATE: .....

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