

THE MAKE-UP AGENDA

dare to reveal your inner beauty



Please fill out the application form and fax to: 021-425 1873

Name: _____
Address: _____

Telephone no: _____
Cell phone No: _____
Email address: _____
Identity number: _____
Date of birth: _____
Emergency Contact Number (Family or Friend): _____

Course start date: ____/____/____

Accepted on the following conditions:

1. Total cost of the Certificate Course, leading to a practical and theoretical examination in ____/____/____ followed by a certificate when the student is considered proficient is:
R_____
2. Course fees are payable as follows :
 - a) The full amount to be paid on the commencement of course.
 - b) Instalments by cash on the first of every month ,if not contract will be cancelled and full outstanding amount will be due
3. All fees must be paid in full before final examination.
4. The fees for extra classes are not included in the course fee.
5. Holidays correspond with those of the Western Cape schools and extra leave is not acceptable at anytime.

IF THE STUDENT WITHDRAWS FROM THE COURSE FOR ANY REASON, THE STUDENT WILL BE HELD RESPONSIBLE FOR THE BALANCE OF THE COURSE FEES THAT IS STILL OUTSTANDING AND NO REFUNDS WILL BE GIVEN.

Signature: _____
(Student)

Date: ____/____/____

Signature: _____
(Parent / Guardian)

Date: ____/____/____

Signature: _____
(The Make-up Agenda, Paulette Oliff)

Date: ____/____/____

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Please answer the following questions.

1. Why do you want to study make-up and hair design?

2. In what area of the make-up industry would you like to work in? And why?

3. Where do you see yourself in five years?

4. How did you find out about The Make-up Agenda and why would you like to study here?

5. What level of education do you have at present?
