



ADVANCED PROFESSIONAL MAKE UP COURSE
APPLICATION FORM

NAME

SURNAME

ADDRESS

CELLPHONE

EMAIL

ID NUMBER

DATE OF BIRTH

AGE

EMERGENCY CONTACT

MEDICAL HISTORY (Please mention any serious or chronic illness, e.g. asthma,
epilepsy, heart problems)

EDUCATION
SCHOOL ATTENDED

STANDARD PASSED

TERTIARY EDUCATION



PLEASE STATE WHICH COURSE YOU WOULD LIKE TO COMPLETE

- FULL ADVANCED COURSE INCLUDING MAC KIT @ R 25 000
- ADVANCED COURSE @ R 15 000
- BASIC COURSE @ R 5 000
- AIRBRUSH MAKE UP @ R1 000
- AIRBRUSH MAKE UP KIT @ R6 000
- BASIC HAIR COURSE @ R4 000
- FULL HAIR KIT @ R3 000

THE FOLLOWING DAYS WILL SUIT ME BEST TO ATTEND CLASS (Class will be 2x a week)

- MONDAY TEUSDAY WEDNESDAY THURSDAY

THE FOLLOWING TIMES WILL SUIT ME BEST TO ATTEND CLASS

- DAY COURSE FROM 10:30 – 16:00
- EVENING COURSE FROM 17:30 – 21:00