



XELA COLLEGE OF DESIGN – PART TIME & SHORT COURSES REGISTRATION FORM

All fees must be paid in full before the course commences, unless otherwise specified. Please complete all sections of application form

PERSONAL INFORMATION OF STUDENT

Surname: _____ First Name: _____

Preferred Name: _____

ID Number: _____ Date of Birth: _____

Cell Phone Number: _____

E-Mail Address: _____

Emergency contact person & cell number: _____

PLEASE TICK THE COURSE/S YOU WISH TO ENROL FOR:

<u>Part Time Course</u>	<u>Start date & duration</u>	<u>Days of week</u>	<u>Fees</u>		<u>Tick</u>
<p>GARMENT CONSTRUCTION MODULE 1</p> <p>Basic sewing skills, including:</p> <ul style="list-style-type: none"> • Straight sewing • Zig Zag sewing • Cut out patterns • Insert zip • Buttonholes • Buttons • Darts • Hemming • Finishing • Attaching waist band • Fusing • How to use an iron • You will complete a denim skirt to take home for yourself. 	<p>4 x Saturday Mornings</p> <p>Dates to be confirmed</p>	<p>Saturdays x 4</p> <p>08h30 – 12h30</p>	<p>R2000</p> <p>All Inclusive</p>	<p>Registration fee R500 (non-refundable)</p> <p>Balance of payment payable before start of course.</p> <p><u>INCLUDES:</u></p> <p>Hands-on, expert instruction by qualified facilitator.</p> <p>Certificate of completion, on successful completion of the course.</p> <p>Supplied: Sewing pack including all materials and equipment needed to complete the course and your denim skirt. Use of basic sewing machine.</p> <p>NOTE: All of the above equipment, excluding the completed skirt, remains the property of Xela College of Design.</p> <p>The completed skirt belongs to the student.</p>	

INDEMNITY FORM:

I accept that all reasonable precautions will be taken to ensure the safety and welfare of myself/my child/my ward during the centres office hours. I shall be responsible for the payment of medical and/or hospital fees in the event of an injury, which CANNOT be ascribed to negligence on the part of the training centre or staff member responsible.

If I am unable (in the event of an accident or illness) to give permission for medical attention I cede my powers to the head of the training centre or their representative. To the best of my knowledge I am healthy and can thus participate in all activities.

The responsible staff member/s should note the following: _____
(allergies, epilepsy, tendency to abnormal bleeding, etc – please specify)

TERMS & CONDITIONS:

1. Registration is only complete when all forms are completed and returned with payment confirmation of full fees .
2. If a student has registered and paid for a course but does not turn up for the scheduled course dates, no refund will be given. All fees are forfeited as a space has been reserved for the student. No learner will be permitted to start a course until fees or registration fees are paid in full.
3. Proof of payment must reflect the students first name and surname. If a reference cannot be traced back to a student it is treated as a non payment.
4. Cancellation of a course is subject to a R500 non refundable administration fee. Cancellation less than 5 days before commencement of course, then the full amount paid for the course will be forfeited.
5. Materials will be supplied on the first day of training. A learner is responsible for replacing any lost or damaged equipment.
6. If a student is late or does not attend a class for whatever reason, this time cannot be made up or rescheduled with the lecturer. The onus is on the student to catch up in their own time.

Initial _____

- 7. A Certificate of Attendance can, on request be provided at the end of the courses. Please note that one certificate will be supplied per student free of charge, thereafter every additional certificate requested will result in a charge of R100 per certificate. The free certificate will only be issued in the year that the course was completed.
- 8. This is a non-credit bearing course

I _____ understand and agree to the terms and conditions above. I enter into this contract aware and willing to abide by the terms and conditions outlined above.

SIGNED: _____

DATE: _____

WITNESS: _____

DATE: _____