0832791654 / 0731482172
wellness.academy@icloud.com

WELLNESS REVOLUTION TRAINING ACADEMY

APPLICATION FORM

YEAR

- ☐ 2025
- ☐ 2026
- ☐ 2027

STUDY MODE

- ☐ Full time
- ☐ Part time
- ☐ Short Course

A. PERSONAL DETAILS

Full Name:		Surname:							
		Mr		Mrs		Ms		Other	
Nationality:		ID Nr:							
Physical Address:									
Contact Nr:		Email Address:							
Any medical conditions? If yes, please elaborate:									

B. PRE-REQUISITES AND ACADEMIC DOCUMENTATION CONFIRMATION

Admission Requirements (not pre-requisites)

Certified copies of the following were submitted:

1x Certified ID (not older than 3 months)
1x Matric Certificate (not older than 3 months) - if applicable

I_____, ID Number_____hereby confirm that I meet the admission requirements to enter the qualification I am registering for.

Signature: _____

Date signed: _____

Communication			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Hearing			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Remembering			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Socio-economic status			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Seeing			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Writing/ Reading			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Other (please elaborate)			
	No Difficulty		Difficulty
	Some Difficulty		Needs assistance

Please provide any supporting documents for any barriers to learning.

Resource Accessibility:

Do you have access to a computer: **Y** ☐ **N** ☐
Do you have access to the internet: **Y** ☐ **N** ☐
Do you have access to a camera phone or digital camera: **Y** ☐ **N** ☐

C. PARENT / GUARDIAN / SPONSOR DETAILS

Full Name:		Surname:							
		Mr		Mrs		Ms		Other	
Nationality:		ID Nr:							
Physical Address:									
Contact Nr:		Email Address:							
Occupation:		Employer:							
Address:									

D. SCHOOLING INFORMATION

School Name:		Highest Grade completed:	
Subjects:			

E. LEADERSHIP ROLES

PLEASE TICK WITH 'X'

Head Boy/Girl		Deputy Head Boy/Girl		Student Council		1st Team Captain		Other			
Notes:											

F. SPORT

Rugby	Cricket	Soccer	Netball	Hockey	Tennis	Squash	Golf	Swimming
Notes:								

G. COURSE APPLICATION LIST

Indicate TWO interested career options for approval consideration. For example (1) is your first choice, and (2) for your second choice.	Tick X
National Certificate in Fitness Instructor	
National Certificate in Individual Fitness Instructor	
National Certificate in Group Fitness Instructor	
National Certificate in Beauty Specialist (First Year Beauty)	
National Certificate in Nail Technology	
National Diploma in Health & Skincare (Second Year Beauty)	
Certificate in Aqua Aerobics	
Certificate in Indoor Cycling	
Certificate in Pilates	
Short Course (Skills) in Cardio Box	
Short Course (Skills) in Step	
Short Course (Skills) in Body Toning	
Short Course (Skills) in Facials	
Short Course (Skills) in Massage	
Short Course (Skills) in Make-up	
Short Course (Skills) in Nail Enhancements	
Short Course (Skills) in Waxing	
Short Course (Skills) in Eyelash Extension	
Short Course (Skills) in Microneedling	
Other:	

Please note: Approval is subject to class availability for the applied intake.
Students are able to transfer to another qualification. Please enquire about an online alternative should the specific course not be available due to a low student number intake.

Please send this application to Wellness Revolution Training Academy for consideration.

Administration : wellness.academy@icloud.com
Rudi van Dyk : rudivdyk@icloud.com