



Cape Peninsula
University of Technology

FACULTY OF HEALTH AND WELLNESS SCIENCES

DEPARTMENT OF WELLNESS SCIENCES Diploma: SOMATOLOGY

BIOGRAPHICAL QUESTIONNAIRE

**This biographical questionnaire must be completed and submitted with
your application.**

Please read the document carefully and complete it truthfully.

SURNAME		
FIRST NAME		
IDENTITY NUMBER:		
CONTACT TEL. NO:		CELL NO:

THIS DOCUMENT IS CONFIDENTIAL

A. PERSONAL PARTICULARS

Surname:

Full Name(s):

Age: Gender: [Male] / [Female]

Home Language: Marital Status:

Current Residence: *(circle option)*

[Parents Home] / [Residence] / [Rental House/Apartment] / [Own Home/Apartment]

Telephone (H): (.....)..... Cellphone number:

Alternative no: (.....).....

Occupation of Parents/Brothers/Sisters:

Father:Age: Highest Qualification:

Mother:Age:Highest Qualification:

Brothers: [Working]/ [Studying] / [School] Number: Ages.....

Sisters: [Working]/ [Studying] / [School] Number: Ages.....

Where will you stay during your studies?

[Parents Home] / [Residence] / [Rental House/Apartment] / [Own Home/Apartment]

B. EDUCATIONAL PARTICULARS

Name of 12th grade high school:

Grade 12 June or National Senior Certificate results:

School Subjects	HG or SG (if applicable)	Symbol or %
1. English		
2. Afrikaans		
3. IsiXhosa		
4. Mathematics		
5. Math Literacy		
6. Physical Sciences		
7. Life Sciences (or Biology)		
8. Business Studies		
9. Business Economics		
10. Economics		
11.		
12.		
13.		
15.		

Average % obtained in Grade 12 June of final examination:

Date of Matriculation (or expected date): Month: Year:

C. INTERESTS AND ACHIEVEMENTS

What do you do in your free time? (*Mention hobbies and involvement in part-time work*)

.....
.....
.....

Honorary colours and/or leadership roles (*academic, sports or hobbies*):

.....
.....
.....

State what you know about the Somatology diploma.

.....
.....
.....

State what career you envisage after completion of this diploma.

.....
.....

Which other courses / programmes have you applied for?

1. Course: Institution:
2. Course: Institution:

How did you hear about the Diploma in Somatology at the Cape Peninsula University of Technology?

.....
.....

D. PAST STUDIES AND EMPLOYMENT

1. What is your current position? (*circle one*)

[At school] / [Tertiary student] / [Post-matric year (Gap year)] / [Working] / [Overseas]

If you are currently studying complete the following:

2. Current educational institution where enrolled:

3. Qualification enrolled for:

4. Current subjects and marks obtained:

.....
.....
.....
.....
.....
.....
.....
.....

5. Have you completed this qualification? (*circle option*) [Yes] / [No]

If NO, please provide reason below:

.....
.....

If you have been working please complete a work record:

EMPLOYER	POST	FROM	TO	REASON FOR LEAVING

E. PERSONALITY

Name three personality traits which describe you best:

1. Your three best qualities:

1.1

1.2

1.3

2. Qualities you need to be developed:

2.1

2.2

2.3

F. MEDICAL

Did you submit the medical report stating your health condition with your application?	[Yes]	[No]
Have you ever suffered from any of the following: Diabetes	[Yes]	[No]
Epilepsy	[Yes]	[No]
Migraine headaches	[Yes]	[No]
Backache	[Yes]	[No]
NB: If the answer is YES to any of the above, please give details:		
.....		
.....		
Are you aware of the costs of the course?	[Yes]	[No]
Have you had any formal training in health and skincare before?	[Yes]	[No]
Have you been a client of a health and skincare clinic (salon)?	[Yes]	[No]

G. GENERAL

Are you aware of the salary being offered to qualified therapists/Somatologists?	[Yes]	[No]
Will you be doing a part-time job during your studies?	[Yes]	[No]
Do you respond well to discipline?	[Yes]	[No]
Will you be happy to wear a uniform during your studies?	[Yes]	[No]
Will you abide to professional conduct and behaviour?	[Yes]	[No]
Do you consider yourself to be hardworking, dedicated and reliable?	[Yes]	[No]
Do you like working with people?	[Yes]	[No]
Would you be prepared to do all therapies required on fellow students?	[Yes]	[No]
Would you be prepared to have all therapies done by fellow students?	[Yes]	[No]
Would you be prepared to work on ALL clients?	[Yes]	[No]
Do you smoke?	[Yes]	[No]
Do you have any visible tattoos?	[Yes]	[No]
Do you have any piercings other than one in each earlobe?	[Yes]	[No]

Do you enjoy regular exercise?		[Yes]	[No]
Who will be responsible for payment of your fees?	Parent	[Yes]	[No]
	Guardian	[Yes]	[No]
	Yourself	[Yes]	[No]
	Bursary	[Yes]	[No]
	NSFAS	[Yes]	[No]
Have you had any training in first aid?		[Yes]	[No]
If YES, when did you complete the course?			
Which institution offered the course?			

FOR OFFICE USE ONLY

Results to submit:

Photograph YES / NO

Medical certificate standard form YES / NO

Interview: YES / NO:

Remarks:

.....

ACCEPTED: YES / NO / WAITING

HOLD UNTIL20...