**REGISTRATION AS A TRAINER**

I hereby forward an application for the following person to teach in the school as indicate in **Section 1** below:-

**Section 1: School Particulars**

|  |  |
| --- | --- |
| 1. Country | 1. School Email Address |
| 1. Address of School | 1. Tel No./Fax No. |

**Section 2: Personal Particular**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name (Dr/Mr/Miss/Mdm/Mrs) | | 1. ID No./Passport No. | | 1. Country of Issue | |
| 1. Residential Address | | 1. Tel No. | | 1. Mobile No. | |
| 1. Date of Birth | 1. Place of Birth | | 1. Citizenship | | 1. Sex |
| 1. Current Occupation/Position | | 1. Name of Company | | | |

**Section 3: Education Particulars in Chronological Order**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Year | 1. Qualification Attained | 1. Name of School/ College /University Attended | 1. Country |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 4: WaxXXX Academy Certification**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Year | 1. Course | 1. Serial No. |  | 1. Year | 1. Course | 1. Serial No. |
| 1. |  |  |  | 4. |  |  |  |
| 2. |  |  |  | 5. |  |  |  |
| 3. |  |  |  | 6. |  |  |  |

**Section 5: Previous and Present Employment in Chronological Order**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Period of Employment | | 1. Name of Employer | 1. Position Held |
| From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 6: Course/ Subjects to be Taught**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. Course/Subject |  | 1. Course/Subject |
| 1. |  | 4. |  |
| 2. |  | 5. |  |
| 3. |  | 6. |  |
| 1. I attach copies of these documents:\* ( ) Identity Card or Passport   ( ) Educational Certificates (**Section 3**)  ( ) Reference Letters from Past Employers  ( ) Recommendation Letters  ( ) Others (to specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Section 7: Declaration by Applicant**

|  |
| --- |
| 1. I declare that:- 2. I am a person of good character and have never been convicted of an offence punishable with imprisonment. 3. I have never previously been refused registration as a manager of any school or as a teacher or having been so registered had my registration canceled.   The contents of this application are true to the best of my knowledge, information and belief.  Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 8: Signature of Supervisor**

|  |
| --- |
| 1. I confirm that:- 2. The above information has been verified and all document forwarded herein are certified true copies. 3. The applicant has been certified medically fit by a doctor.   Signature of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Please tick (🗸) where appropriate

The duly completed forms together with relevant documents are to be forwarded to the:-

WaxXXX Academy (Headquarter)

33 UBI AVE 3 THE VERTEX

#04-43 TOWER A

SINGAPORE 408868