**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