

SWAS

REGISTRY

of Complementary Therapists

Register your professional status and be recognised!

SWAS Registry of Complementary Therapists (SRCT) is a platform for Certified Complementary Therapists to register their competencies and showcase their knowledge and skills in specific treatments and sectors of the Wellness Industry. All Complementary Therapists and Wellness Practitioners are welcome to join SWAS and list on SRCT.

Benefits for Therapists to Register

- Recognition as an Accredited Certified Therapist.
- Endorsement of Qualifications & Competencies as a Professional in specific treatment(s).
- Potential customers can find and verify you on SWAS SRCT Directory
- Enhance Personal image and value.
- Benefit from SWAS' marketing and promotional activities.

an industry initiative of
SWAS
Specialists in Wellness
Association Singapore

新加坡养生专家协会

About SWAS

SWAS was founded in 2004 by professionals and stakeholders in the Wellness industry. SWAS's objective is to promote good business practices and communication; facilitate networking and collaboration amongst members and with other organisations; upgrade industry standards, education and training to enhance management and operational capabilities.

SWAS currently represents stakeholders from Beauty, Slimming, Hair, Nail, Spas, Fitness and Massage sectors of the Wellness industry.

<https://www.swas.sg>

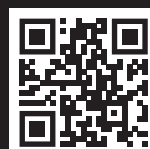
Contact Us
and Be Listed on SRCT



+65 9635 7658



secretariat@swas.sg



SCAN ME

SWAS INDIVIDUAL MEMBERSHIP APPLICATION FORM

Please email the completed form to secretariat@swas.sg

SWAS

Specialists in Wellness
Association Singapore

新加坡养生专家协会

Personal Information (please fill-in all information in CAPITAL LETTERS)

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. Gender () Male () Female
Last 4 characters of NRIC _____ Nationality _____
Home Address _____ Postal Code _____
Mobile _____ Email _____
Professional Qualification (s) _____

Select the Membership Type () Professional Member S\$ 180 (with voting right)
() Provisional Membership S\$ 60 (no voting right)

Employment Details

Job Title _____ Years of Experience _____
Employment Status () Self Employed
() Employee
Business Name _____ Office Tel _____
Business Address _____ Postal Code _____
Business Website _____ Email _____

Field & Nature of Business (Please tick accordingly)

() Face () Slimming () Equipment
() Hair () Spa & Wellness () Product
() Nail () Health & Fitness () Others, pls specify _____
() Education & Training _____

Massage Establishment Licence

(if applicable):
() Cat I () Cat II
() Exempt

CaseTrust Accreditation () Yes () No

Documents to be submitted (1) Completed Application Form (2) Training / Education Certificate

How do you learn about SWAS ? () Exhibition () Search Engine () Social Media
() Referral, pls provide the name _____

Authorisation

- () I agree to be listed as a member on SWAS' directory and website.
() I agree not to release or disclose any exclusive SWAS' membership information to third parties.
() I authorise SWAS to release my contact information to third parties for business matching/networking.
() I would like to receive regular updates and invitations to attend SWAS' activities and SWAS supported events.

Declaration

I, the undersigned hereby declare that I am over 18 years old and have full legal and corporate authority to submit this application form on behalf of the applicant. I confirm that the nominee(s) named in this form are appointed legal representatives of the applicant in SWAS' business and activities and that they have never been convicted of any criminal offense in Singapore or any other jurisdictions.

Name _____ Signature _____ Date _____

SWAS CORPORATE MEMBERSHIP APPLICATION FORM

Please email the completed form to secretariat@swas.sg

SWAS

Specialists in Wellness
Association Singapore

新加坡养生专家协会

Company Information (please fill-in all information in CAPITAL LETTERS)

Business Name _____ Co. Registration No _____
Business Address _____ Business Tel _____
Business Email _____ Website _____
Select the Membership Type () 1-3 Outlets S\$ 360 () 4-6 outlets S\$ 450
() >10 Outlets S\$ 600. Please specify: _____

Nature of Business

Field & Nature of Business (Please tick accordingly)

() Face () Slimming () Equipment
() Hair () Spa & Wellness () Product
() Nail () Health & Fitness () Others, pls specify _____
() Education & Training _____

Massage Establishment Licence

(if applicable):

() Cat I () Cat II
() Exempt

CaseTrust Accreditation () Yes () No

Contact Person Details

1st Nominee

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. _____
Job Title _____ Nationality _____
Mobile _____ Email _____
Professional Qualification (s) _____

2nd Nominee

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. _____
Job Title _____ Nationality _____
Mobile _____ Email _____
Professional Qualification (s) _____

Documents to be submitted (1) Completed Application Form, (2) ACRA, (3) SPA License (applicable for Spa business)
(4) Photo of Facilities (5) Other relevant documents (if any)

How do you learn about SWAS ? () Exhibition () Search Engine () Social Media
() Referral, pls provide the name _____

Authorisation

- () I agree to be listed as a member on SWAS' directory and website.
() I agree not to release or disclose any exclusive SWAS' membership information to third parties.
() I authorise SWAS to release my contact information to third parties for business matching/networking.
() I would like to receive regular updates and invitations to attend SWAS' activities and SWAS supported events.

Declaration

I, the undersigned hereby declare that I am over 18 years old and have full legal and corporate authority to submit this application form on behalf of the applicant. I confirm that the nominee(s) named in this form are appointed legal representatives of the applicant in SWAS' business and activities and that they have never been convicted of any criminal offense in Singapore or any other jurisdictions.

Name _____ Designation _____ Signature & Date _____
Membership Application Form 2022

SWAS REGISTRY OF COMPLEMENTARY THERAPISTS REGISTRATION FORM



Please email the completed form to secretariat@swas.sg

SRCT Registration Fee: S\$ 60 yearly.

Personal Information (please fill-in all information in CAPITAL LETTERS)

First Name _____ Last Name _____
Salutation Prof. /Dr. / Mr. / Mrs/ Ms. Gender () Male () Female
Last 4 characters of NRIC _____ Nationality _____
Home Address _____ Postal Code _____
Mobile _____ Email _____
Professional Qualification (s) _____

Employment Details

Job Title _____ Years of Experience _____

Employment Status () Self Employed () Employee

Business Name _____ Office Tel _____
Business Address _____ Postal Code _____
Business Website _____ Email _____
Contact Number (for booking) _____ Email _____

Field & Nature of Business (Please tick accordingly)

() Face () Slimming () Equipment
() Hair () Spa & Wellness () Product
() Nail () Health & Fitness () Others, pls specify _____
() Education & Training _____

Massage Establishment Licence

(if applicable):
() Cat I () Cat II
() Exempt

CaseTrust Accreditation () Yes () No

Documents to be submitted (1) Completed Application Form (2) Certificates of all competencies (to be listed)

How do you learn about SWAS ? () Exhibition () Search Engine () Social Media
() Referral, pls provide the name _____

Authorisation

- () I authorise SWAS to validate my information, experience and qualifications stated.
() I authorise SWAS to publish my business information, experience and qualifications in the SWAS Registry of Complementary Therapists
() I would like to receive regular updates and invitations to attend SWAS' activities and SWAS supported events.
() I am interested to participate in marketing and promotional activities.

Declaration

I hereby declare that the above information is true and correct and that I am of legal age and authorised to submit this application.

Name _____ Signature _____ Date _____