

Moksham – The Fusion Spa Academy

Spa Therapy & Wellness Course Application

Begin Your Learning in Wellness & Luxury Care

We welcome you to enrol in our specialised spa therapy and management courses.

Kindly complete the application form below.

1. Personal Details

Full Name: _____

Date of Birth: _____

Gender: Male Female Other

Contact Number: _____

Alternate Number: _____

Email Address: _____

Residential Address: _____

2. Academic Background

Highest Qualification: _____

Institution: _____

Year of Completion: _____

3. Course Selection

(Please select your preferred course)

Diploma in Holistic Spa Therapies (6 Months)

Diploma in Integrated Spa Therapies (6 Months)

Diploma in Advanced Spa Therapies (6 Months)

Diploma in Spa Management (6 Months)

4. Preferred Batch Commencement

Month / Year: _____

5. Professional Experience

Fresher

Experienced (Kindly specify): _____

6. Area of Interest

Body Therapies

Facial & Skin Rituals

Reflexology

Spa Management & Operations

Holistic Wellness

7. Wellness Declaration

To ensure a safe and comfortable learning environment, kindly inform us of any medical conditions:

Yes No

If yes, please specify: _____

8. Declaration

I hereby confirm that the information provided above is true and accurate. I agree to abide by the standards and discipline of Moksham – The Fusion Spa Academy.

Signature: _____

Date: _____