

Join Form

FOR FACILITATORS

Apply to join our curated Wellness Talent Network.

We're delighted that you're interested in joining **The Wellness Agency Africa**.

We represent a **small, carefully curated network of exceptional wellness professionals** who may be selected for opportunities across **corporate wellbeing, wellness tourism, hospitality, retreats, events, wellness speaking opportunities and strategic brand partnerships**.

Rather than building a large directory of practitioners, we are intentionally creating a trusted network of experienced professionals who bring together **expertise, integrity, professionalism and an exceptional ability to facilitate meaningful experiences**.

Depending on your expertise and location, selected Wellness Talent may be considered for projects with our corporate, tourism and hospitality clients across Africa. We're looking for practitioners and facilitators who are not only excellent at what they do, but who are professional, reliable, collaborative and confident working with a diverse range of clients and environments.

Please complete the application below to be considered for **The Wellness Agency Africa - Wellness Talent Network**.

Please note: Applications are personally reviewed, and joining our network does not guarantee placement or ongoing work. Professionals are engaged independently on a project-by-project basis according to client requirements, expertise, availability and fit.



SECTION 1

GENERAL INFORMATION

FULL NAME

BUSINESS NAME

EMAIL ADDRESS

WHATSAPP NUMBER

WEBSITE

SOCIAL MEDIA LINKS *Please add links relevant to your professional work.*

WHERE ARE YOU CURRENTLY BASED? *City | Province | Country*

ARE YOU AVAILABLE TO TRAVEL FOR PROJECTS?

☐	Within your province
☐	Within South Africa
☐	Across Africa
☐	Internationally

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

YOUR WELLNESS EXPERTISE

WHICH AREAS ARE YOU MOST EXPERIENCED IN?

Select all that apply.

☐	Corporate Wellbeing	☐	Breathwork
☐	Wellness Tourism & Hospitality	☐	Meditation
☐	Retreats	☐	Sound Healing
☐	Conferences & Events	☐	Family Constellations
☐	Executive / Leadership Wellbeing	☐	Energy Healing
☐	Stress Management	☐	Nutrition
☐	Mindfulness	☐	Mental & Emotional Wellbeing
☐	Movement / Yoga / Pilates	☐	Coaching
☐	Women's Wellness	☐	Spa / Massage
☐	Men's Wellness	☐	Indigenous Wellness Practices
☐	Other (please give more information below)		

WHAT SPECIFIC EXPERIENCES, WORKSHOPS, SESSIONS OR PROGRAMMES
COULD YOU DELIVER THROUGH THE WELLNESS AGENCY AFRICA?

Please name, title and list your specific workshops, products, events or talks, if you
have any

WHO IS YOUR PRIMARY AUDIENCE OR CLIENTELE?

HOW MANY YEARS HAVE YOU BEEN PROFESSIONALLY WORKING IN THE WELLNESS INDUSTRY?

WHAT WOULD YOU SAY DISTINGUISHES YOUR APPROACH OR OFFERING FROM OTHERS IN YOUR FIELD?

WHICH LANGUAGES CAN YOU CONFIDENTLY FACILITATE IN?

WHAT SIZE GROUPS ARE YOU COMFORTABLE FACILITATING?

Select all that apply.

☐

One-to-one

☐

Large groups (31–100)

☐

Small groups (2–10)

☐

Audiences of 100+

☐

Medium groups (11–30)



SECTION 3

PROFESSIONAL EXPERIENCE

PLEASE TELL US ABOUT YOUR PROFESSIONAL FACILITATION EXPERIENCE.

Include examples of retreats, workshops, corporate programmes, hospitality experiences, events or other relevant work.

HAVE YOU PREVIOUSLY WORKED WITH CORPORATE CLIENTS?

If yes, please tell us briefly about the type of organisations and work you have delivered.

HAVE YOU PREVIOUSLY WORKED WITHIN HOTELS, LODGES, RETREAT CENTRES
OR THE TOURISM INDUSTRY?

If yes, please provide a brief overview.

PLEASE LIST UP TO THREE NOTABLE CLIENTS, VENUES, RETREATS OR
ORGANISATIONS YOU HAVE WORKED WITH IN THE PAST 2 YEARS

PLEASE UPLOAD A VIDEO OF YOU FACILITATING, TEACHING OR SPEAKING, IF
AVAILABLE.

*After filling in and submitting this form, you will be able to upload your video on the
main page*

PLEASE UPLOAD A RECENT PROFESSIONAL HEADSHOT.

*After filling in and submitting this form, you will be able to upload your headshot on the
main page*

PLEASE PROVIDE 3 TESTIMONIALS FROM CLIENTS THAT ARE RELEVANT TO
YOUR WORK. *Include the clients name, company, position and email contact details*

TESTIMONIAL 1:

TESTIMONIAL 2:

TESTIMONIAL 3:

SECTION 4

PROFESSIONAL CREDENTIALS

WHAT RELEVANT CERTIFICATIONS, QUALIFICATIONS OR PROFESSIONAL
TRAINING DO YOU HOLD?

Please include:

- Qualification / certification • Training institution • Year completed • Location

If your application is successful, you may be required to provide copies of relevant qualifications and certifications for verification.

ARE YOU REGISTERED WITH ANY RELEVANT PROFESSIONAL BODIES,
ASSOCIATIONS OR TOURISM ORGANISATIONS?

For example: Yoga Alliance, HPCSA, SATSA, FEDHASA or other industry-specific organisations. If yes, please provide the organisation and membership / registration number where applicable.

DO YOU CURRENTLY HOLD PROFESSIONAL INDEMNITY AND/OR PUBLIC
LIABILITY INSURANCE RELEVANT TO THE SERVICES YOU PROVIDE?

- ☐ Yes ☐ No
- ☐ Not applicable to my field

ARE YOU CURRENTLY REGISTERED TO OPERATE PROFESSIONALLY AS A:

- ☐ Business ☐ Independent Practitioner
- ☐ Sole Proprietor

PLEASE PROVIDE YOUR BUSINESS / COMPANY REGISTRATION NUMBER, WHERE
APPLICABLE.

IF YOU ARE CURRENTLY IN ANOTHER COUNTRY, DO YOU HOLD THE
APPROPRIATE VISA OR WORK PERMIT TO WORK THERE PROFESSIONALLY?

- ☐ Yes ☐ No
- ☐ In progress

ARE YOU ABLE TO PROVIDE PROFESSIONAL INVOICES FOR WORK UNDERTAKEN
THROUGH THE WELLNESS AGENCY AFRICA?

- ☐ Yes ☐ No

ARE YOU VAT REGISTERED?

- ☐ Yes ☐ No
- ☐ Not applicable

DO YOU HOLD A CURRENT FIRST AID AND/OR CPR CERTIFICATION?

- ☐ Yes ☐ No
- ☐ Not applicable to my work

If yes, please provide the date of your most recent certification:

SECTION 5

WORKING WITH US

WHY WOULD YOU LIKE TO BE REPRESENTED WITHIN THE WELLNESS AGENCY
AFRICA'S WELLNESS TALENT NETWORK?

WHAT TYPES OF OPPORTUNITIES ARE YOU MOST INTERESTED IN?

Select all that apply.

- | | |
|---|--|
| ☐ Corporate workshops & trainings | ☐ Conferences & events |
| ☐ Corporate wellbeing days | ☐ Speaking engagements |
| ☐ Executive retreats | ☐ Brand activations & experiences |
| ☐ Women's wellness retreats | ☐ Private groups |
| ☐ General wellness retreats | ☐ Luxury high-end |
| ☐ Hotels & hospitality experiences | ☐ Exclusive 1:1's |
| ☐ Safari lodge wellness | ☐ Wellness tourism experiences |
| ☐ Other (please give more information below) | |

ARE YOU COMFORTABLE ADAPTING YOUR OFFERING TO SUIT A SPECIFIC
CLIENT BRIEF WHILE MAINTAINING THE INTEGRITY OF YOUR WORK?

- ☐ Yes ☐ No
- ☐ It depends on the brief

ARE YOU OPEN TO COLLABORATING WITH OTHER FACILITATORS AS PART OF A
MULTI-DISCIPLINARY PROGRAMME OR RETREAT?

- ☐ Yes ☐ No
- ☐ Depending on the project

WHAT ARE YOUR TYPICAL PROFESSIONAL RATES?

Please provide an indication for any that apply:

• 60–90 minute session (coaching / consulting):

• Half-day:

• Full-day:

• Retreat / multi-day programme

• Speaking engagement:

• Other:

*This information is for internal Agency purposes and helps us assess suitability for
different client briefs.*

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU, YOUR
WORK OR THE CONTRIBUTION YOU COULD BRING TO THE WELLNESS AGENCY
AFRICA?

SECTION 6

FINAL DECLARATION

Please read the following declaration before submitting your application. You will be asked to confirm your acceptance of these terms when uploading your completed application form on The Wellness Agency Africa website.

- I confirm that the information provided in this application is accurate.
- I understand that applications to The Wellness Agency Africa are personally reviewed and acceptance is at the Agency's discretion.
- I understand that acceptance into the Wellness Talent Network does not guarantee work or a minimum number of bookings.
- I understand that any work offered through The Wellness Agency Africa will be agreed separately on a project-by-project basis.
- I understand that joining The Wellness Agency Africa Wellness Talent Network is non-exclusive. I remain an independent professional or business and am free to continue working with my own clients, partners, agencies and other organisations.
- I understand that participation in the Network does not create an employment relationship, partnership or obligation of exclusivity with The Wellness Agency Africa.
- I agree that The Wellness Agency Africa may contact me regarding relevant opportunities and my application.
- I consent to The Wellness Agency Africa storing and processing the information provided in this application in accordance with its [Privacy Policy](#).

Please upload and submit this document via The Wellness Agency Africa's 'Join Us' page.