

## CASETRUST FOR SPA & WELLNESS BUSINESSES

### How to Prepare Your Business for CaseTrust

#### Welcome!

1. Congratulations! You are taking the first steps to preparing your business for the future. CaseTrust is an increasingly accepted quality mark that has been established to meet the demands of the modern discerning consumer. At the end of the process, and when you have successfully met the criteria, you know that you are in a better position than another business that has not met the criteria.
2. The following Criteria Form is the same form that assessors will use when they visit you for CaseTrust certification. You can help speed up the assessment by using the Criteria Form as a self-assessment tool. Check those boxes where you fulfill all criteria listed; where the criteria are not applicable to your business, make a note. Where for some reason you are not able to satisfactorily comply with the criteria that apply to your business, take steps to close these gaps before submitting the Criteria Form and inviting the assessors to your visit your business.
3. For criteria that apply to your businesses (indicated under the **Site Assessment** column), note that an on-site assessment will be conducted. At that time, CaseTrust assessors will visit your premises for observation and conduct interviews concerning the validity of the written and documented submission. Do take care to ensure that documented policies and procedures reflect the actual systems and practices in place. Taking care with Step #2 above therefore will reduce the time and effort your business may need for assessment.

#### Completing the Criteria Form

4. Check the box provided in the **Desk-top Assessment** and **Site Assessment** columns for every assessment criterion that applies to your business and for which you have fulfilled. A **Desk-top** assessment is an assessment based on documents that you submit.
5. For criteria assessed under the **Desk-top Assessment** column, you must submit relevant documentation or provide brief written explanations and information
6. If any criteria are not applicable to your business, mark the **NA (Non Applicable)** boxes and give your reasons why the criteria do not apply. An example is given below.

Example of Non Applicable Criterion:

Criteria	Desk-top Assessment	Site Assessment
C13. If my business offers services to both sexes, we will make this known to our prospective customers in advance.	<input type="checkbox"/> My business informs customer prior to payment that services are offered to both sexes.  NA: <u>We cater exclusively to women clients and therefore this criteria is not applicable to us.</u>	<input type="checkbox"/> Procedures are in place to inform customer in advance that services are offered to both sexes.

7. For open ended questions, the applicant should provide brief and relevant information.

Example of Open Ended Response:

C14. My business has a system for ensuring the quality of products and services offered for sale. Goods and services offered should be fit for purpose and not past expiry date.	Describe how quality is ensured: <u>Have dedicated quality inspection staff to ensure quality and freshness of products offered for sale to customers</u>	<input type="checkbox"/> My business has a quality assurance system to ensure the quality of products and services on sale.
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**Submission of Relevant Documents**

8. Using the Documentation Checklist, please check that all relevant documents are submitted together with the Criteria Form and Application Form.
9. If any of the documents in the Documentation Checklist are not relevant, check the NA (Non Applicable) box as appropriate.
10. Please number the CRITERIA on the relevant supporting documents.

**Preparing for Site Assessment**

11. Be prepared to present to CaseTrust Assessors the evidence required in the **Site Assessment** column.
12. You should prepare your staff and personnel to be interviewed and the relevant records examined by CaseTrust assessors.

## CASETRUST CRITERIA FOR SPA & WELLNESS BUSINESSES

### A. POLICIES

Area	Criteria	Desk-top Assessment	Site Assessment
<b>Goods &amp; Services</b>	A1. My store policy offers goods and services of satisfactory quality as defined in the Sales of Goods Act S14(2)	<input type="checkbox"/> My business has a policy reflecting this.	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials
<b>Terms &amp; Conditions of Sales</b>	A2. My business clearly declares the terms and conditions of any warranties or service guarantees to protect customers against product defects and non performance.  As part of the service guarantees, my business accords a cooling-off period of at least 5 working days to allow customers to seek full refund of payment made if they do not wish to proceed with the services offered.	<input type="checkbox"/> My business has policies on warranties and service guarantees.  <input type="checkbox"/> My business accords a cooling-off period of at least 5 working days to allow customers to seek full refund of payment made if they do not wish to proceed with the services offered.  <u>Note to CaseTrust applicant</u> <ul style="list-style-type: none"> <li>• Working days should be exclusive of Saturdays, Sundays, and Public Holidays.</li> </ul>	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials
<b>Terms &amp; Conditions of Sales</b>	A3. My business has an exchange and refund policy clearly stipulating the time frame and conditions for any exchanges and refunds.	<input type="checkbox"/> My business has an exchange and refund policy.  <input type="checkbox"/> The exchange and refund policy clearly stipulates time frame(s) and conditions (documentation attached).	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials
<b>Terms &amp; Conditions of Sales</b>	A4. My business clearly states the terms and conditions for any deposits paid should the transaction be cancelled.	<input type="checkbox"/> My business has a policy stating terms and conditions for deposits in the event that the transaction is cancelled (documentation attached).  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials

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Area	Criteria	Desk-top Assessment	Site Assessment
	A5. My business clearly states the terms and conditions applicable to the redemption of sales vouchers.	<input type="checkbox"/> My business has a policy stating terms and conditions for redemption of sales vouchers.  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials  <input type="checkbox"/> The policy is clearly and prominently displayed in the sales voucher issued
	A6. My business has a policy of not engaging in selling activities or any form of selling tactics particularly during treatments.	<input type="checkbox"/> My business has a no-selling policy particularly during treatments.	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials

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Area	Criteria	Desk-top Assessment	Site Assessment
	<p>A7. My business has a policy to inform and cover customers with insurance upon the receipt of their pre-payments to my business.</p>	<p><input type="checkbox"/> My business has a policy to inform and to provide insurance coverage in order to protect customers who have made pre-payment to my business.</p> <p><input type="checkbox"/> Customers are given documentary proof of insurance coverage upon the making pre-payments to my business.</p> <p><u>Note to CaseTrust applicant</u></p> <ul style="list-style-type: none"> <li>• The insurance scheme should ensure that payout of balance amount is made in <b>cash/ cheque</b>.</li> <li>• Individual customers are to be protected and provided with the relevant documentation.</li> <li>• Definition of “Insolvency” or “Compulsory Liquidation” should state - The coverage will respond in the event where Insured is unable to fulfill its obligations to its customers for more than 30 days on a continuous basis and where it is evidenced that all physical functions of Insured organization has ceased for more than 30 working days.</li> </ul> <p><input type="checkbox"/> NA: My business offers pay-as-you-use treatments and do not sell pre-paid packages</p>	<p><input type="checkbox"/> The policy is clearly and prominently displayed in the store &amp; contracts/ communication materials.</p>
<p style="text-align: center;"><b>Pricing &amp; Payment</b></p>	<p>A8. My business has a policy committed to clearly displaying discounted prices.</p>	<p><input type="checkbox"/> My business has a policy to display discounted prices clearly.</p> <p><input type="checkbox"/> NA: _____ _____</p>	<p><input type="checkbox"/> Discounted prices are clearly and prominently displayed in the store &amp; in contracts/communication materials</p>

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	A9. My business clearly states the payment methods and channels available to customers.	<input type="checkbox"/> My business has a policy on payment methods and channels.  The policy states: <input type="checkbox"/> Types of payment accepted (eg. Cash, cheque, credit) <input type="checkbox"/> Types of currencies accepted	<input type="checkbox"/> Payment methods and channels available to customers are clearly and prominently displayed at points of sales & in contracts/ communication materials  <input type="checkbox"/> For payment using foreign currencies, exchange rates are prominently displayed
	A10. My business is committed to avoid over or under-charging and to ensure correct change is given.	<input type="checkbox"/> My business has a policy on accuracy of charging.	<input type="checkbox"/> Price tags/shelf-talkers/ price lists used are clear and legible  <input type="checkbox"/> Price display reflect the total amount payable inclusive/ exclusive of GST  <input type="checkbox"/> Prices are clearly displayed in contracts/ communication materials
	A11. My business should clearly state what is included in all prices quoted for treatments and spa packages, including taxes, and any other surcharges (if any).	<input type="checkbox"/> My business has a policy on clearly stating what is included in all prices quoted for treatments and spa packages. <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials
	A12. <b>Transparency of Pricing</b> My business clearly states any additional charges for extra services such as product upgrade request not included in the original package E.g. Ampoule	<input type="checkbox"/> My business has a policy on additional charges for extra services.  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials
	A13. <b>Honouring Price Quotes</b> My business honours the prices quoted at the time of booking for treatments and spa packages and other related services.	<input type="checkbox"/> My business has a policy of honouring prices quoted at the time of booking for treatments and spa packages and other related services.	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials

Area	Criteria	Desk-top Assessment	Site Assessment
Security	A14. My business is committed to maintaining the confidentiality of customer data.	<input type="checkbox"/> My business has a policy on the security of customer data.  <input type="checkbox"/> The policy states that customers' particulars are solely for the purposes of completing sales transactions.	<input type="checkbox"/> The policy is clearly and prominently displayed in the store & in contracts/ communication materials  <input type="checkbox"/> The policy is clearly stated in forms used to obtain customer information

### B. COMMUNICATION

Area	Criteria	Desk-top Assessment	Site Assessment
External Communication	B1. My business provides effective mode(s) of communication for customers.	Please state the modes of communication available to customers: <input type="checkbox"/> Letter <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Others: _____	<input type="checkbox"/> Applicant can be easily contacted by external customers  <input type="checkbox"/> Modes of communication available to customers are made readily known and accessible
	B2. My business has a system in place to inform CASE in writing of any critical change including ownership of the business, Management Representative, addition and closure of branches, change of business contacts, employee turnover etc.	<input type="checkbox"/> My business ensures that a system is in place to inform CASE in writing of any critical change in the ownership of the business, Management Representative, addition of branches, change of business contacts, employee turnover etc.	<input type="checkbox"/> The business has a system or standard form in place to inform CASE of any critical changes including its Management Representative.
Advertising and Promotion	B3. <b><u>Accuracy of Information</u></b> My business' merchandise/ services are accurately described and portrayed by the company in all marketing communications.	<input type="checkbox"/> My business ensures that merchandise and services offered in the store match the description in marketing communications (samples of recent marketing communications attached).	<input type="checkbox"/> Actual merchandise and services offered in store must match all attributes described and claimed
	B4. <b><u>Adequacy of Information</u></b> Marketing communications include sufficient details on prices, quality, availability and terms of sales or business.	<input type="checkbox"/> Marketing communications provide sufficient information on prices, quality, availability and terms of sales or business (samples of recent marketing communications attached).	<input type="checkbox"/> Marketing communications provide sufficient information on prices, quality, availability and terms of sales or business.

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	B5. My business clearly indicates the details of the insurance available to protect the customers who have made pre-payments to my business.	<input type="checkbox"/> Details of insurance undertaken are available to both customers and the public.  <input type="checkbox"/> NA: My business declares that we only offer pay-as-you-use treatments and do not sell pre-paid packages. A Declaration Form informing CASE of the same is attached	<input type="checkbox"/> Customers and the public can easily find the details of the Protection Scheme(s) undertaken by the Spa.  <input type="checkbox"/> NA: My business has endorsed a Declaration Form informing CASE that we only offer pay-as-use treatments and do not sell pre-paid packages.
<b>Advertising and Promotion</b>	B6. My business sells what we advertise and promote.	Describe measures taken to avoid unethical advertising and promotion: _____ _____ _____  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> Measures are taken to avoid unethical advertising, such as bait and switch.
	B7. My business maintains a sufficient level of stocks for all promotional items.	Describe measures taken to ensure stock levels: _____ _____ _____  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> Effective measures are taken to maintain stock levels
	B8. My business clearly states the period for which promotions are valid.	<input type="checkbox"/> Marketing communications on promotions clearly state the period for which the promotion is valid (samples of marketing communications attached)  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> In-store display of promotion clearly indicates period for which promotion is valid

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	B9. My business clearly spells out details of the mechanism for any lucky draw or competition promotions.	<input type="checkbox"/> Marketing communications on lucky draws and competition promotions provide sufficient information on mechanism used for conducting the lucky draw or competition (samples of marketing communications attached)  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> In-store display of lucky draws and competitions promotion clearly indicates promotion mechanism  <input type="checkbox"/> Measures are taken to ensure that the promotion mechanism is adhered to  <input type="checkbox"/> Staff are informed of promotion mechanisms and are able to inform customers correctly and accurately

**C. PRACTICES & SYSTEMS**

Area	Criteria	Desk-top Assessment	Site Assessment
<b>Retailing</b>	C1. <u>Deposit/ Reservations</u>  a. My business provides customers with receipts to acknowledge payment of deposits or reservation charges.  b. Receipts for deposits and reservations have full detailed information.	<input type="checkbox"/> My business issues receipts to acknowledge deposits paid.  Receipt issued includes: <input type="checkbox"/> Customer's particulars <input type="checkbox"/> Company's name and address <input type="checkbox"/> Date of order & delivery <input type="checkbox"/> Description of merchandise/services <input type="checkbox"/> Quantities and prices <input type="checkbox"/> Amount of deposit paid <input type="checkbox"/> Amount outstanding <input type="checkbox"/> Time frame before deposits for reservations are forfeited  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> Copies of receipt for deposit/reservations should be consistent as that submitted during desktop assessment

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Area	Criteria	Desk-top Assessment	Site Assessment
	<p><b>C2. <u>Proof of Purchase</u></b></p> <p>a. My business issues receipt/sale slips to customer with details of the purchases of the services provided.</p> <p>b. The receipt and sales slip reflect relevant detailed information.</p>	<p><input type="checkbox"/> My business issues receipts/sales slips (documentation attached).</p> <p>Receipt issued includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of company</li> <li><input type="checkbox"/> Date of purchase</li> <li><input type="checkbox"/> Quantities purchased</li> <li><input type="checkbox"/> Amount paid</li> <li><input type="checkbox"/> Details of goods/services sold</li> </ul>	<p><input type="checkbox"/> Copies of receipts/sale slips should be consistent as that submitted during desktop assessment</p>
	<p><b>C3. <u>Exchange and Refund</u></b></p> <p>My business honours our exchange and refund policies promptly within the stipulated time frame and conditions.</p>	<p><input type="checkbox"/> My business has an exchange and refund policy as stated in criteria A3.</p>	<p><input type="checkbox"/> My business keeps records of exchanges and refunds granted.</p> <p><input type="checkbox"/> Records and up to date and reflect that applicant consistently honour exchange and refund policies.</p>

Area	Criteria	Desk-top Assessment	Site Assessment
	<p><b>C4. <u>Records and Scheduling</u></b></p> <p>a. My business maintains accurate records of all applications, bookings and correspondences with the customer.</p> <p>b. My business stipulates expiry dates for treatments and spa packages.</p> <p>c. My business has a system to ensure that appointments are carried out as scheduled and that sufficient personnel are deployed to carry out scheduled appointments.</p>	<p><input type="checkbox"/> My business maintains proper customer records containing detailed information.</p> <p><input type="checkbox"/> My business obtains customer’s signature acknowledging receipt of product(s) or service(s) and a copy of the form is given to the customer for retention.</p> <p><input type="checkbox"/> My business keeps customer updated on the status of his/her treatment package should the need arises, including contacting customers at least one month prior to the expiry dates of the respective spa and treatment packages.</p> <p><input type="checkbox"/> My business has a reservation system to ensure that appointments are carried out as scheduled. This may include, but not limited to, the issuance of appointment cards to the customer.</p> <p><input type="checkbox"/> My business has a system for staff to send reminders to the customer at least 1 day prior to the appointment date.</p> <p><input type="checkbox"/> My business ensures that a sufficient number of staff is available to serve the number of customers who sign up for my packages.</p>	<p><input type="checkbox"/> My business keeps records of bookings.</p> <p><input type="checkbox"/> Records are up to date and reflect that procedures have been complied with accordingly.</p> <p><input type="checkbox"/> Reservation system is in place and ensures that appointments are carried out as scheduled.</p> <p><input type="checkbox"/> Staff deployment matches the number of customers who sign up for the packages.</p>

Area	Criteria	Desk-top Assessment	Site Assessment
<p><b>Proof of Protection for Pre-payments</b></p>	<p><b>C5. <u>Proof of Protection</u></b></p> <p>My business has undertaken insurance for customers who have made pre-payments to my business.</p>	<p><input type="checkbox"/> My business maintains proper documentation of the Protection Scheme(s) undertaken, containing detailed information.</p> <p>Documents should include:</p> <p><input type="checkbox"/> Master Insurance Agreement</p> <ul style="list-style-type: none"> <li>• Pay out will be administered in cash/cheque</li> </ul> <p><input type="checkbox"/> Sample of Certificate of Insurance issued to customers</p> <p><input type="checkbox"/> Definition of “Insolvency” or “Compulsory Liquidation” - The coverage will respond in the event where Insured is unable to fulfill its obligations to its customers for more than 30 days on a continuous basis and where it is evidenced that all physical functions of Insured organization has ceased for more than 30 working days.</p> <p>The Certificate of Insurance should clearly state:</p> <p><input type="checkbox"/> Name of Spa Company, the insured customer, and Insurer.</p> <p><input type="checkbox"/> Validity of coverage</p> <p><input type="checkbox"/> Value of coverage</p> <p><input type="checkbox"/> NA: _____ _____</p>	<p><input type="checkbox"/> The business complies with the necessary procedures and possesses documentation which is up to date and issued by the relevant Insurer.</p> <p><input type="checkbox"/> The documentation clearly states the essential information.</p>

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Area	Criteria	Desk-top Assessment	Site Assessment
<b>Feedback Management</b>	C6. My business has a system to document complaint cases and has a complaints resolution procedure.	<input type="checkbox"/> My business has a system to document complaints (documentation attached). <input type="checkbox"/> My business has a complaint resolution procedure (documentation attached).  Documentation include: <input type="checkbox"/> Customer's name and contact <input type="checkbox"/> Nature of complaint <input type="checkbox"/> Manner in which complaint was resolved <input type="checkbox"/> Time taken to resolve complaint	<input type="checkbox"/> Staff is assigned to handle complaints.  <input type="checkbox"/> There are records of the complaints handling procedure.  <input type="checkbox"/> The records reflect that the complaints handling procedure is effective in resolving customer complaints.
	C7. My business informs complainants of the status of the complaint investigation.	<input type="checkbox"/> The complaints resolution procedure ensures that complainants are kept informed on status of complaint investigation  Average time taken to initially respond to a complaint: _____ days	<input type="checkbox"/> The records of the complaints handling procedure reflect that complainants are kept informed of the status of the investigation
	C8. My business resolves complaints within a maximum of 21 days upon receipt of complaint.	Average time taken to resolve a complaint: _____ days	<input type="checkbox"/> The records of the complaints handling procedure reflect that complainants are resolved within 21 days
	C9. My business informs customers of alternative forms of redress should the company be unable to resolve the complaint within the time frame, E.g. CASE Mediation Centre.	Alternative forms of redress available to customers: _____ _____ _____ _____	
<b>Security</b>	C10. My business uses customer's particulars strictly for the purpose of completing sales transactions or for other legitimate purposes made known to the customer before obtaining such particulars.	Please describe ways in which customer information is obtained: _____ _____  <input type="checkbox"/> Methods for collecting customer information clearly make known to the customer the purpose for collecting information (documentation of methods attached)  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> There are records of how customer information is used

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Area	Criteria	Desk-top Assessment	Site Assessment
	<p>C11. When my business wishes to use customers' particulars for purposes other than internal marketing and billing, we make this known to the customer and seeks customer's consent before obtaining his/her particulars.</p>	<p><input type="checkbox"/> Methods for collecting customer information seeks consent from customers should particulars be used for purposes other than internal marketing and billing</p> <p><input type="checkbox"/> NA: _____ _____</p>	<p><input type="checkbox"/> There are records that consent is sought before information is used for purposes other than internal marketing and billing</p>
	<p>C12. My business has a system to keep all customers' particulars confidential.</p>	<p>Describe the system for maintaining confidentiality of customer data:</p> <p>_____ _____ _____</p> <p>Describe how customer confidentiality policy is communicated to staff:</p> <p>_____ _____ _____</p>	<p><input type="checkbox"/> My business has a system to ensure that customers' data are kept confidential</p>
	<p>C13. My business ensures that there is no video recording device and / or any other form of image capturing devices in the treatment room to safeguard the privacy of customers.</p>	<p><input type="checkbox"/> My treatment rooms do not have any video recording device and / or any other form of image capturing devices, including mobile phones with camera function, to safeguard the privacy of customers.</p> <p><input type="checkbox"/> My staff does not carry video recording devices, mobile phones and/or any other forms of image capturing devices into the treatment room.</p>	<p><input type="checkbox"/> There is visual evidence to suggest the absence of video recording device and / or any other form of image capturing devices in the treatment rooms.</p>
	<p>C14. If my business offers services to both sexes, we will make this known to our prospective customers in advance.</p>	<p><input type="checkbox"/> My business informs customer prior to payment that services are offered to both sexes.</p> <p><input type="checkbox"/> NA: _____ _____</p>	<p><input type="checkbox"/> Procedures are in place to inform customer in advance that services are offered to both sexes.</p>

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Area	Criteria	Desk-top Assessment	Site Assessment
<p style="text-align: center;"><b>Products and Services</b></p>	<p>C15. My business has a system for ensuring the quality of products and services offered for sale. Goods and services offered should be fit for consumption and not past expiry date.</p>	<p>Describe how quality is ensured:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Indicate any industry codes of practice/ industrial regulatory requirements which are applicable to applicant's industry (documentation attached):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> My business has a quality assurance system to ensure the quality of products on sale and services performed.</p>
	<p>C16. My business ensures that beverages are made available to customers to aid post therapy care.</p>	<p><input type="checkbox"/> My business provides the customer with beverages after each treatment.</p>	<p><input type="checkbox"/> Procedures are in place to ensure that the customer is given beverages after each treatment.</p> <p><input type="checkbox"/> Visual evidence of area for preparation of beverages. E.g. Pantry or water-cooler</p>
<p style="text-align: center;"><b>Facility, Hygiene &amp; Safety</b></p>	<p>C17. My business maintains standards of customer care, cleanliness, and service appropriate to the type of spa.</p>	<p><input type="checkbox"/> My business provides the customer with locker and shower facility where applicable.</p> <p><input type="checkbox"/> My staff cleans the treatment bed and any equipment which comes into close contact with customers after every treatment.</p> <p><input type="checkbox"/> My staff ensures that the hydro-therapy pool is refilled in the customer's presence.</p> <p><input type="checkbox"/> NA: _____</p> <p>_____</p>	<p><input type="checkbox"/> The business maintains standards of customer care, cleanliness, and service appropriate to the type of spa.</p>
	<p>C18. My business provides health questionnaires to customers and assesses customers' health condition before recommending any treatment and / or product.</p>	<p>My business provides health questionnaire that is in line with CaseTrust's basic questionnaire template. It asks minimally the following:</p> <p><input type="checkbox"/> Personal particulars</p> <p><input type="checkbox"/> Existing health status</p> <p><input type="checkbox"/> Special consideration such as heart disease, diabetes, high blood pressure etc.</p>	<p><input type="checkbox"/> The business has a system to ensure that the customer completes the health questionnaire.</p>

Area	Criteria	Desk-top Assessment	Site Assessment
	C19. My business provides well-maintained facilities with all décor, furnishing, fittings and equipment in good condition.	<input type="checkbox"/> My business ensures that equipment is in good working condition and tools are sterilised in accordance with standard operating guidelines.  <input type="checkbox"/> My business has a designated area for preparation of products for treatments and services.	<input type="checkbox"/> The business has well-maintained facilities with all décor, furnishing, fittings and equipment in good condition.  <input type="checkbox"/> Visual evidence of sterilisation equipment or equivalent.  <input type="checkbox"/> Visual evidence of designated area for preparation of products for treatments and services.
	C20. My business provides separate facilities for customers where appropriate	<input type="checkbox"/> My business provides separate facilities for men and women.  <input type="checkbox"/> NA: _____ _____	<input type="checkbox"/> Visual evidence of separate facilities for men and women  <input type="checkbox"/> Proper signage must be put up for areas which are exclusive to the specific gender.
Compliance with Regulatory Requirements	C21. My business complies with regulatory requirements as mandated by the Licensing Authority.	<input type="checkbox"/> My business complies with the Massage Establishment Act.	<input type="checkbox"/> The business abides by relevant codes of practice and possess necessary license issued by relevant authorities

#### D. PERSONNEL

Area	Criteria	Desk-top Assessment	Site Assessment
Performance	D1. Customer support and service staff should not practice any unethical sales tactics.	<input type="checkbox"/> Describe how the company ensures that staff do not use unethical sales tactics: _____ _____ _____	<input type="checkbox"/> Customer service staff do not engage in pressure selling or attempt to mislead the customer.
	D2. My staff ensures that the privacy of the customer is protected  The customer is assured of uninterrupted services during treatments.	<input type="checkbox"/> My staff is prohibited from using mobile phone / PDA during treatment sessions.	<input type="checkbox"/> Staff does not carry mobile phones into the treatment rooms.

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Area	Criteria	Desk-top Assessment	Site Assessment
Knowledge	D3. Staff working for the company should be able to provide accurate, timely and comprehensive product and service information to customers and to perform service to the expected levels	<input type="checkbox"/> My business provides adequate training to staff to ensure sufficient product and service knowledge (documentation on type of training provided attached).	<input type="checkbox"/> Customer service staff are knowledgeable about products and services offered  <input type="checkbox"/> Staff rendering service to customers are capable of meeting customers' expectations
	D4. My staff is trained and meets training standards in accordance with prevailing CAT 1 requirements stipulated by the Licensing Authority.	<input type="checkbox"/> ___% of my therapists and / or masseuses have NSRS/ CIDESCO/ ICBTAC/ ITEC/ NITEC/ WSQ qualifications.  <u>Notes to Cat I ME licensees</u> <ul style="list-style-type: none"> <li>• Must meet the revised <b>80%</b> quota</li> </ul>	<input type="checkbox"/> Staff is trained in accordance with Licensing Authority's requirements  <input type="checkbox"/> Staff possesses the relevant competence qualifications (i.e. NSRS/ CIDESCO/ ICBTAC/ ITEC/ NITEC/ WSQ or any other relevant qualifications.)
Dressing and Grooming	D5. My staff is well-groomed and professional in appearance and etiquette.	<input type="checkbox"/> My business has established standards for grooming and service etiquette.  <input type="checkbox"/> My staff undergoes grooming and etiquette training programmes.	<input type="checkbox"/> Visual appearance of staff.  <input type="checkbox"/> Service etiquette standards as documented.  <input type="checkbox"/> Records of previous in-house and/or external training programmes attended.
	D6. My business issues uniform and name tags to our staff.	<input type="checkbox"/> My staff wears uniform and is properly attired to perform the task or service.  <input type="checkbox"/> My staff is issued with name tags that are worn at all times during opening hours.	<input type="checkbox"/> Visual appearance of staff.

ME – Message Establishment  
 CAT 1 – Category 1

## Documentation Checklist

The following checklist is to help you ensure that the following documents are attached together with the submission. Please check the boxes provided to indicate documents submitted.

Criteria #	Documentation	Attached	NA
A1 to A14	Business Policy/ Set of Terms and Conditions/ Customer Contract which includes:		
A1	Commitment to provide quality goods and services.	<input type="checkbox"/>	
A2	Warranties and service guarantees. Incorporation of the cooling-off period	<input type="checkbox"/>	
A3	Exchange and refund	<input type="checkbox"/>	
A4	Deposits in event of cancellation	<input type="checkbox"/>	<input type="checkbox"/>
A5	Redemption of sales voucher	<input type="checkbox"/>	<input type="checkbox"/>
A6	Avoidance of selling activities particularly during treatments	<input type="checkbox"/>	<input type="checkbox"/>
A7	Notification of insurance to consumers	<input type="checkbox"/>	<input type="checkbox"/>
A8	Discounted prices	<input type="checkbox"/>	<input type="checkbox"/>
A9	Payment methods and channels	<input type="checkbox"/>	
A10	Accuracy of charging	<input type="checkbox"/>	
A11	All prices quoted for treatments and spa packages are clearly stated	<input type="checkbox"/>	<input type="checkbox"/>
A12	Additional charges for extra services	<input type="checkbox"/>	<input type="checkbox"/>
A13	Honouring prices quoted at time of booking	<input type="checkbox"/>	
A14	Confidentiality of Customer Data	<input type="checkbox"/>	
B2	System that keep CASE informed of the changes	<input type="checkbox"/>	<input type="checkbox"/>
B3 and B4	Samples of recent marketing communications	<input type="checkbox"/>	
B5	Samples of marketing communication for insurance undertaken	<input type="checkbox"/>	
	<u>OR</u>		
	Endorsed Declaration Form to CASE informing that the business only offers pay-as-use treatments and do not sell pre-paid packages.	<input type="checkbox"/>	
B8	Samples of marketing communication for promotions	<input type="checkbox"/>	<input type="checkbox"/>
B9	Samples of marketing communications for lucky draws and competitions promotions	<input type="checkbox"/>	<input type="checkbox"/>
C1	Sample of receipt issued for deposits/ reservations	<input type="checkbox"/>	<input type="checkbox"/>
C2	Sample of receipt/ sales slip for proof of purchase	<input type="checkbox"/>	
C3	Sample of refund records	<input type="checkbox"/>	
C4	Samples of customer bookings, customer records and scheduling documentation	<input type="checkbox"/>	
C5	Sample of documentation for undertaking of insurance	<input type="checkbox"/>	<input type="checkbox"/>
C6	Sample of documentation of complaints	<input type="checkbox"/>	
C7, C8 and C9	Documentation of complaints resolution procedure (e.g. Flowchart, Standard Operating Procedure)	<input type="checkbox"/>	
C10 and C11	Documentation of methods used to obtain customer information (e.g. forms)	<input type="checkbox"/>	<input type="checkbox"/>
C13	Standard Operating Procedure for ensuring the absence of imaging capturing devices in the Treatment Room	<input type="checkbox"/>	
C14	Standard Operating Procedures to inform customer in advance that services are offered to both sexes.	<input type="checkbox"/>	<input type="checkbox"/>
C15	Code of Practice applicable to applicant's industry	<input type="checkbox"/>	
C16	Procedures to ensure that the Customer is given beverages after each treatment.	<input type="checkbox"/>	
C17	Documentary standards of customer care, cleanliness and service	<input type="checkbox"/>	<input type="checkbox"/>
C18	Sample of CaseTrust Health Questionnaire Template	<input type="checkbox"/>	
C19	Sample of Maintenance Schedule Record	<input type="checkbox"/>	<input type="checkbox"/>
C20	Photograph of separate facilities for men and women	<input type="checkbox"/>	<input type="checkbox"/>

CASETRUST CRITERIA FOR SPA AND WELLNESS BUSINESSES

C21	Copy of license issued by relevant authority	<input type="checkbox"/>	<input type="checkbox"/>
D3	Documentation on training provided to staff to ensure product and service knowledge	<input type="checkbox"/>	
D4	Training qualifications for each of the relevant staff	<input type="checkbox"/>	
D5	Grooming and Etiquette Standards documentation	<input type="checkbox"/>	
D6	Photograph of staff in uniform with name tag displayed	<input type="checkbox"/>	

<To be printed on company letterhead>

**DECLARATION & UNDERTAKING  
BY SPA AND WELLNESS BUSINESS APPLYING FOR  
NON-REQUIREMENT OF THE SPA AND WELLNESS  
PROTECTION SCHEME**

**DATE:**

**TO: CONSUMERS ASSOCIATION OF SINGAPORE (CASE)**

Dear Sir,

**Non-requirement of Spa and Wellness Protection Scheme**

1. We hereby declare that we are \*a CaseTrusted Spa and Wellness Business / applying for CaseTrust Accreditation for Spa and Wellness Businesses. We also declare that we do not provide pre-payment spa and wellness package(s).

2. On this basis, we hereby acknowledge that should the Consumers Association of Singapore (CASE), in its sole discretion, grant us the non-requirement of a Spa and Wellness Protection Scheme, we undertake :-

- (a) to comply with such requirement(s) and conditions as may be imposed by CASE arising from or in connection with our application for the said non-requirement;
- (b) should we decide to introduce pre-payment package(s), to notify CASE in writing within seven (7) days of such decisions and to immediately take up the Spa and Wellness Protection Scheme for the said pre-payment spa and wellness package(s).

3. We declare that the information given above is correct.

4. We understand that if we make any false statement herein or elsewhere in support of our application for non-requirement of a Spa and Wellness Protection Scheme and/or breach the terms of the undertaking, CASE may in its sole and absolute discretion require that we satisfy the prevailing requirements of the Spa and Wellness Protection Scheme or withdraw any CaseTrust quality mark.

Yours Faithfully,

<Name of Organisation Head>

<Designation>

<Company Name>

\* Please delete where appropriate

**HEALTH QUESTIONNAIRE**

**(Template)**

Please answer Yes or No. If yes, please provide more details.

**Medical History**

1. Have you undergone any form of surgery in the past 6 months?  Yes  No  
*If yes, please specify :* \_\_\_\_\_
  2. Are you on any form of medication?  Yes  No  
*If yes, please specify :* \_\_\_\_\_
  3. Do you have any drug allergies?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  4. Do you have asthma or any respiratory problems?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  5. Do you have high blood pressure?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  6. Do you have low blood pressure?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  7. Do you have diabetes?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  8. Do you suffer from Depression or Anxiety?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  9. Do you have Eczema or any form of skin allergies?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  10. Do you have any injuries or experience pain in your joints, neck, arms, legs and torso?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  11. Do you have any mobility limitations?  Yes  No  
*If yes, please specify :* \_\_\_\_\_
  12. Do you have any heart problems?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  13. Are you currently using a pacemaker?  Yes  No  
*If yes, please specify :* \_\_\_\_\_
- For Women Only
14. Are you pregnant?  Yes  No  Unsure  
*If yes, please specify :* \_\_\_\_\_
  15. Do you have irregular periods?  Yes  No  
*If yes, please specify :* \_\_\_\_\_

**Declaration**

I acknowledge that the above information given by me is complete and accurate to the best of my knowledge and that no fact that is likely to influence the safety of the treatment(s) that I have signed up for have been withheld.

-----  
Name and Signature of Customer

-----  
Date

**Confidentiality Note:** The information provided in the health questionnaire is for the sole purpose of carrying out safe and effective treatment(s) and will be kept strictly confidential.