DERMACLINICAL AFFILIATE APPLICATION FORM

Welcome, thank you for your interest in becoming a Dermaclinical Affiliate.
Our Affiliate Programme is designed for passionate individuals who are interested in skincare, professional development, education and sharing Dermaclinical with their clients, community and audience.

Please complete this application form as thoroughly as possible. The information you provide will help us understand your background, goals, experience and the type of support and training that would benefit you most. Once completed please email to Deborah Sampson at deborah@dermaclinical.net

1. PERSONAL INFORMATION

Full Name & Surname:			
Preferred Name:		Date of Birth:	
Email Address:			
Phone Number:		Method of Contact:	□ Phone □ Email
Home Address:			
Country:		City:	
Province:		Code:	
Delivery details:	Recipient Name:		
	Clinic / Business Name (if applicable):		
	Full Address:		

2. PROFESSIONAL INFORMATION

Current Occupation / Job Title:	
Company / Business Name:	
Which clinic, salon, practice or business are you currently working at?	
Your current position / role:	
Please tell us about your professional background and experience.	
Please tick your highest level of education:	□ High School / Matric □ Certificate / Short Course □ Diploma □ Bachelor's Degree □ Postgraduate Qualification □ Professional Industry Qualification □ Currently Studying □ Other: _____
Please list any relevant qualifications, certifications or professional training:	

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3. CLINIC OWNERSHIP & FUTURE GOALS

Do you currently own your own clinic or business?	□ Yes	□ No	
If yes, please provide the name of your clinic/business:			
Clinic / Business Location:			
Are you planning to open your own clinic in the future?	□ Yes	□ No	□ Possibly
If yes, when would you ideally like to have your clinic open?	Month / Year: _____		
Please tell us about your future professional or business goals:			

4. WORKING HOURS & AVAILABILITY

Which days do you currently work?	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday
Typical Working Hours:	From: _____ To: _____
Approximately how many hours per week could you dedicate to your Affiliate activities?	

5. SOCIAL MEDIA & DIGITAL PRESENCE

Please provide your current social media handles and platforms.	Instagram:	Facebook:	TikTok:
	LinkedIn:	YouTube:	Website:
	Other:		
What type of content do you currently create?	□ Educational Content □ Skincare Advice □ Product Reviews □ Before & Afters □ Reels / Short-Form Video □ Lifestyle Content □ Beauty Content □ Professional / Clinical Content □ Other: _____		
Are you comfortable creating content?	□ Yes, I regularly create content □ Yes, but I am still learning □ I would like guidance and training □ No previous experience		

6. YOUR EXPERIENCE WITH DERMACLINICAL

How familiar are you with Dermaclinical?	□ I currently use Dermaclinical products □ I have used Dermaclinical products before □ I am familiar with the brand □ I am new to Dermaclinical
How did you hear about Dermaclinical?	
Which Dermaclinical products or ranges have you used?	

7. TRAINING INTERESTS

Please tick the areas you would most like to receive training and education in.	□ My Skin Cleaner □ My Skin Brighter □ My Skin Younger □ My Skin Clearer □ My Skin Calmer □ My Skin Protected □ My Hair Restored □ My Body Younger & Restored □ My Skin Solutions □ DermaSystem □ Gut Health
List any other aditional interests:	□ Understanding Skin Types & Skin Conditions □ Ingredient Education □ Active Ingredients □ Salicylic Acid □ Lactic Acid □ Retinol □ Niacinamide □ Ceramides □ Peptides □ Kojic Acid □ Skin Barrier Health □ Acne & Problematic Skin □ Pigmentation □ Ageing & Skin Rejuvenation □ Sensitive & Reactive Skin □ Sun Protection □ Hair Health □ Body Care □ Supplements & Skin Health □ Gut Health & Skin □ Product Recommendations □ Building Skincare Routines □ Sales & Product Knowledge □ Social Media Marketing □ Content Creation □ Growing a Client Base □ Starting & Growing a Clinic □ Other: _____

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8. SALES & AFFILIATE EXPERIENCE

Do you have previous experience in any of the following?	□ Affiliate Marketing □ Sales □ Skincare Retail □ Beauty Retail □ Professional Treatments □ Social Media Marketing □ Content Creation □ Brand Ambassadorship □ Referral Programmes □ No Previous Experience
Please tell us about any relevant sales, affiliate, retail or ambassador experience:	

9. OTHER BRANDS CURRENTLY USING

Please list all skincare, beauty, professional treatment, supplement or wellness brands that you currently:	Use professionally:		
	Retail:		
	Recommend to clients:		
	Work with:		
	Represent:		
	Brands Currently Using:		
Do you currently have an affiliate, ambassador or professional relationship with another brand?	□ Yes	□ No	
If yes, please provide details:			

10. YOUR CLIENTS / AUDIENCE

Approximately how many clients or customers do you interact with each month?	□ 0–10 □ 11–25 □ 26–50 □ 51–100 □ 100+
Who is your primary audience?	□ Existing Clients □ Social Media Followers □ Friends & Family □ Beauty Clients □ Skincare Clients □ Clinic Patients □ Other Professionals □ Other: _____

11. WHY WOULD YOU LIKE TO BECOME A DERMACLINICAL AFFILIATE?

Please tell us what interests you about becoming a Dermaclinical Affiliate.	
Why do you believe you would be a good fit for the Dermaclinical Affiliate Programme?	

12. YOUR GOALS

What would you most like to achieve through the Affiliate Programme?	□ Earn Additional Income □ Learn More About Skincare □ Improve My Product Knowledge □ Build My Professional Credibility □ Grow My Social Media Presence □ Create More Content □ Build a Client Base □ Prepare to Open My Own Clinic □ Grow My Existing Clinic □ Help Others Improve Their Skin □ Build My Own Business □ Other: _____
Where do you see yourself in the next 1–3 years?	

13. BANKING DETAILS

Please ensure that all banking information provided is accurate.	Account Holder Name:	
	Bank Name:	
	Account Type:	
	Account Number:	
	Branch Code:	

14. PAYMENT INFORMATION

Are you applying as:	□ Individual □ Sole Proprietor □ Registered Business □ Company
Registered Business Name (if applicable):	
Company Registration Number (if applicable):	
Registered Business Name (if applicable):	
VAT Number (if applicable):	

15. MY PREFERRED OPTION

Please select how you would prefer your Affiliate commission to be managed. You can choose to have your commission paid directly into your bank account, retained as credit in your Affiliate dashboard to use towards Dermaclinical products, or accumulated towards an opening order or future product purchases. You may also choose to confirm your preferred payment method on a month-to-month basis, or discuss an arrangement that best suits your needs with the Dermaclinical team.

I would prefer my Affiliate commission to be:	□ Paid directly into my bank account □ Kept as credit in my Affiliate dashboard to purchase Dermaclinical products □ Accumulated towards my opening order / future product purchases □ To be confirmed on a month-to-month basis □ I would like to discuss my preferred payment option with Dermaclinical

DECLARATION

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge.

I understand that submitting an application does not guarantee acceptance into the Dermaclinical Affiliate Programme.

If accepted, I understand that I will be expected to represent the Dermaclinical brand professionally and responsibly, follow relevant programme guidelines, and communicate product information accurately.

□ I confirm that the information provided is true and correct.
□ I agree to be contacted regarding my application and the Dermaclinical Affiliate Programme.
□ I understand that Dermaclinical may request additional information before approving my application.

Full Name:_____
Signature:_____
Date:_____