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| **INDIVIDUAL APPLICATION FORM - PLEASE PRINT OR TYPE ALL INFORMATION IN BLOCK CAPITALS USING BLACK INK** | | | | | | |
| **SASQ INDIVIDUAL MEMBERSHIP APPLICATION FOR EVALUATION** | | | | | | |
| **Practitioner Grade applied for:** 🞎 Affiliate 🞎 In Training 🞎 Candidate 🞎 Professional 🞎 Chartered | | | | | | |
| **Membership Grade applied for:** 🞎 Student 🞎 Affiliate **(DO NOT COMPLETE SECTOR AND SUBFIELDS SECTIONS)** | | | | | | |
| **Stream Application:** 🞎 Quality Practitioner 🞎 Sustainability Practitioner 🞎 Risk Practitioner | | | | | | |
| **Subfields Quality Practitioner:** 🞎 Quality Management 🞎 Quality Assurance 🞎 Quality Control 🞎 Internal Auditor 🞎 Auditor  🞎 Quality Systems 🞎 Quality Administrator 🞎 Quality Educator 🞎 Quality Consulting 🞎 ISO 9001 specialist 🞎 standardisation  🞎 ISO 17025 / Laboratory Practitioner | | | | | | |
| **Subfields Sustainability Practitioner:** 🞎 Sustainability Management 🞎 Waste Management 🞎 Legal policies 🞎 Auditor 🞎 inspector  🞎 Pollution 🞎 Sustainability Administrator 🞎 Sustainability Educator 🞎 sustainability Consulting 🞎 ISO 14001 specialist  🞎 ISO 26000 specialist | | | | | | |
| **Subfields Risk Practitioner:** 🞎 Risk Management 🞎 Safety 🞎 OHS 🞎 Auditor 🞎 inspector  🞎 Risk administrator 🞎 Educator 🞎 Risk Consulting 🞎 ISO 45001 specialist 🞎 OHS specialist 🞎 ISO 31000 Specialist  🞎 ISO 27001 Specialist 🞎 ISO 22000 / Food Safety Practitioner | | | | | | |
| **First Names:** | | | **Nick Name:** | | | |
| **Surname:** | | | **Title:** 🞎 Mr 🞎 Mrs 🞎 Miss 🞎 Dr 🞎 Prof | | | |
| **Citizenship:** | | | **ID No:** | | | |
| **Job Title:** | | | **Email Address:** | | | |
| **Company Name and Address:** | | | | | | |
|  | | | | | | |
|  | **Postal Code:** | | | | | **Vat No:** |
| **Cell No.:** | **Business Telephone:** | | | | | **Fax:** |
| **Economic Sector:** | | | | **Type of Business:** | | |
| **Home Address:** | | | | | | |
|  | | | | | | |
|  | **Postal Code:** | | | | **Alternative Telephone:** | |
| **Preferred Mailing Address:** (Your SASQ certificate will be mailed to this address) 🞎 Work. 🞎 Home | | | | | | |
| **Indicate how you were referred to the SASQ:** 🞎 Friend 🞎 Colleague 🞎 Journal 🞎 SASQ Meeting 🞎 SASQ Member  🞎 Conference / Seminar 🞎 Website 🞎 Other (specify) | | | | | | |
| **Is your company a Member of SASQ?** 🞎 Yes 🞎 No 🞎 Don’t know | | | | | | |
| **Do you want a letter sent to your organisation recognising your membership to SASQ?** 🞎 Yes 🞎 No If yes, please supply details of receiving person and email address. | | | | | | |
| **Name:** | | **Email Address:** | | | | |
| **Do you want to be a respondent for research studies in the quality field**? 🞎 Yes 🞎 No | | | | | | |
| **Do you want your details to be inserted on the SASQ website?** 🞎 Yes 🞎 No | | | | | | |
| **Preferred area to attend SASQ events:** 🞎 Johannesburg 🞎 Pretoria 🞎 Durban 🞎 Port Elizabeth 🞎 Cape Town 🞎 Nelspruit 🞎 Bloemfontein 🞎 other (state………………………………………………..) | | | | | | |
| **I am an active person in the following fields.**  🞎 Laboratory 🞎 Supply Chain 🞎 Call Centre 🞎 Research 🞎 Military and Security 🞎 Systems Auditing  🞎 Food Safety 🞎 Course Provider 🞎 Project Quality 🞎 Health Care 🞎 Service Quality 🞎 School Quality  🞎 Corporate Social Responsibility (ISO 26000) 🞎 Energy Management (IS0 51000) 🞎 Risk Management (ISO 31000)  🞎 Other (state :……………………………………………………………………………….) | | | | | | |

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| **Academic Qualifications:** (School, College, University or other)-**Renewing members – Highest qualification only**  **Please submit certified copies (certification not more than 3 months old) of qualifications and a current CV** | | | | | | | | | | | | | | | | | | |
| **Month & Year** | | | | **Award /Certificate** | | | **Course /Subject** | | | | | **Institution** | | | | | | **For Office Use Only** |
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| **Current Employment / Position (RENEWING MEMBERS – PRESENT EMPLOYMENT ONLY)** | | | | | | | | | | | | | | | | | | |
| **From**  **(Month & Year)** | | | **Name of Organisation** | | | | | | **Job Title** | | | | **Nature of Work** | | | | | **For Office Use Only** |
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| **Briefly state responsibilities and duties of your present work (Do not use this space to merely refer to an attachment)** | | | | | | | | | | | | | | | | | | |
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| **Practical Training and Experience** **RENEWING MEMBERS – LAST THREE YEARS ONLY**  (Covering the last 10 years - Certified certificates to be attached) | | | | | | | | | | | | | | | | | | |
| **From:**  **(Month / Year)** | | **To:**  **(Month / Year)** | | | **Name of Organisation** | | | | | | **Job Title** | | | **Nature of Work** | | | | |
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| Tick List of attachments submitted as required per grade applied for | | | | | | | | | | | | | | | | | | |
|  | Certified copy of ID | | | | |  | | Certified copies of training programs | | | | | | | |  | CV | |
|  | Supporting letter from employer (not required for reapplications) | | | | |  | | Certified copies of relevant qualifications | | | | | | | |  | Any written projects for first time registration only | |
|  | Letter of motivation as to why you want to join SASQ (not required for reapplications) | | | | | | | | | | | | | | |  |  | |
| Membership of Professional Institution: (Please attach proof) | | | | | | | | | | | | | | | | | | |
| **Professional Institution** | | | | | | | | | | **Year Elected** | | | | | **Grade** | | | |
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| I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or membership revoked.  **SIGNATURE OF APPLICANT:** …………………………………………………………… **Date:**………………………………………………………… | | | | | | | | | | | | | | | | | | |
| **Mail, e-mail or fax completed application AND supporting documentation (refer to check list) to:**  **SASQ**  **P.O. Box 5282**  **Delminville,**  **Germiston, 1403**  **E-Mail:** [**Vanessa@sasq.org.za**](mailto:Vanessa@sasq.org.za)  **WhatsApp: 072 446 3849** | | | | | | | | | | | | | | | | | | |
| **APPLICATION FEE R500.00 – PROOF OF PAYMENT TO ACCOMPANY APPLICATION**  **ACCOUNT DETAILS:**  Nedbank Branch: CARLSWALD, Midrand Branch Code: 17-79-42  Account Number: 1605 132306 Account type: Cheque | | | | | | | | | | | | | | | | | | |

**CODE OF PRACTICE**

As a member of the Southern African Society for Quality and in order to advance the honour and dignity of the QUALITY profession and ensure the maintenance of high standards of ethical conduct. My signature to this document signifies that I shall at all times:

* Be honest, ethical and impartial and serve my employer, client and the public with dedication.
* Ensure that credit is given for the work of associates or junior personnel, where such credit is due.
* Conduct myself so as to uphold the dignity, standing and reputation of the profession.
* Endeavour to aid the professional development and advancement of persons in my employ or under my supervision.
* Earnestly seek to increase the competence and prestige of my professional activities.
* Not unfairly compete with any other member of the profession. This shall not preclude an honest opinion on any matter when so requested by my employer or client.
* Aid the work of the Society and not act in any way which might harm the Society.
* Promote the quality, reliability and safety of all products and services within my jurisdiction.
* Extend friendship and assistance to all the members of the Society.
* Be dignified and honest in explaining the extent and merit of my work.
* Accept my responsibilities to observe the provisions of this Code and the ruling of the SASQ Board on any non-observance thereof.
* Endeavour to extend public knowledge of the value of the profession and the work of the Society.
* Accept any ruling of the Board in relation to this Code, membership of the Society or recognition of any of the Society's certifications.
* Ensure that I obtain the necessary permissions and authority from the SASQ Board should I want to represent SASQ at external meetings and committees on SASQ business.
* Ensure that any public statements for which I am responsible clearly indicate and whose behalf they are made and obtain permission from the SASQ Board should I be required to speak publically on SASQ matters.
* Fully support the activities and growth of SASQ.

I, ……………………………………………………………………………….., understand that I can be disciplined and appropriate action taken if in breach of these ethics.

Signature: ……………………………………………..…….. Date: …………………………………………

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|  | For Office use only |  |
| Received: |  |  |
| Graded by: |  |  |
| Grade awarded: |  |  |
| Effective date: |  |  |