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| **INDIVIDUAL APPLICATION FORM - PLEASE PRINT OR TYPE ALL INFORMATION IN BLOCK CAPITALS USING BLACK INK** |
| **SASQ INDIVIDUAL APPLICATION FOR MEMBERSHIP****Please consult the latest fee and benefits schedule found on the website** |
| **SASQ POPI ACT COMPLIANCE**Your privacy is important to us! The information you provide us will only be used in accordance with the requirements of the POPI Act and as detailed in our Privacy Policy(found on our Company website). |
| **Membership Grade applied for:** **🞎** Under **Graduate student 🞎 Post Graduate Student 🞎 Affiliate** 🞎 Ordinary Member  🞎 Senior Member |
| **Stream Application:** 🞎 Quality 🞎 Quality Assurance in Higher Education  |
| **Options:** 🞎 Digital subscription to Business Brief Magazine 🞎 Prepaid discounted conference fee  |
| **First Names:** | **Nick Name:** |
| **Surname:**  | **Title:** 🞎 Mr 🞎 Ms 🞎 Miss 🞎 Dr 🞎 Prof |
| **Citizenship:** | **ID No:** |
| **Job Title:** | **Email Address:** |
| **Cell no:** | **Passport no (optional):** |
| **Gender:** 🞎Male🞎 Female 🞎 do not want to disclose  | **SA Ethnic Group:** 🞎 **Black**  🞎 White 🞎Coloured 🞎Indian 🞎 Foreigner  | **Work status** 🞎 Retired 🞎 Employed🞎 Not Employed 🞎 High School Scholar 🞎 Junior Scholar  |
| **Company Name and Address:** |
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|  | **Postal Code:** | **Vat No:** |
|  | **Business Telephone:** | **Fax:** |
| **Economic Sector:** | **Type of Business:** |
| **Home Address:** |
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|  | **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 paying for your membership?** 🞎 Yes 🞎 No  |
| **Is your company a Member of SASQ?** 🞎 Yes 🞎 No 🞎 Don’t know  |
| **Do you want a letter sent to your organization recognizing your membership to SASQ?** 🞎 Yes 🞎 No If yes, please supply details of the person who will receive the email  |
| **Name of recipient:** | **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………………………………………………..) |
| **Highest Academic Qualification:** (School, College, University or other) **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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| **Relevant Non - Academic Certificates:** **Please submit certified copies (certification not more than 3 months old) of qualifications and a current CV** |
| **Month & Year** | **Award /Certificate** | **Duration**  | **Institution** | **For Office Use Only** |
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| **Practical Training and Experience** (Covering the last 10 years - Certified certificates to be attached) |
| **From:****(Month / Year)** | **To:****(Month / Year)** | **Name of Organisation** | **Nature of Work** | **For Office Use Only** |
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| Membership of Professional Institution: (Please attach proof) |
| **Professional Institution** | **Year Elected** | **Grade** |
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| **Current and previous employment** |
| **From****(Month & Year)** | **Name of Organisation** | **Job Title** | **Nature of Work** | **For Office Use Only** |
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| Provide short motivation as to why you want to join SASQ (not required for members who are renewing their membership)  |
| Tick List of attachments submitted as required [all certified documents must be valid within a 3-month period] |
|  | **Certified copy of ID or passport** |  | **Certified copies of training programs** |  | **Proof of payment of evaluation fee** |
|  | **Supporting references if you want to add** |  | **Certified copies of relevant qualifications** |  | **Detailed CV** |
|  | **Portfolio of evidence if you opted for the portfolio option for evaluation** |  | **Signed code of conduct and ethics** |

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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 my membership revoked. I also understand that the application fee is not refundable.**SIGNATURE OF APPLICANT:** …………………………………………………………… **Date:**………………………………………………………… |
| **Email completed application forms and all supporting documentation to** **E-Mail:** **Vanessa@sasq.org.za** **and also to africanassociations@gmail.com****WhatsApp: 072 446 3849** |
| **Banking Details for the application fee****Please use your name as the reference****ACCOUNT DETAILS:**Nedbank Branch: CARLSWALD, Midrand Branch Code: 17-79-42Account Number: 1605 132306 Account type: Cheque |

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|  | For Office use only  |  |
| Received:  |  |  |
| Evaluated by: (1) |  |  |
| Evaluated by: (2) |  |  |
| Evaluated by: (3) |  |  |
| Grade awarded: |  |  |
| Feedback: |  |  |
| Fees Paid: |  |  |
| Effective date: |  |  |
| Fully Registered: |  |  |
| Data Base updated  |  |  |