



PO Box 14402 Clubview 0014 Tel 012 661 5166 Fax 086 631 6117 Email info@saioh.co.za

2011/10PCB

**APPLICATION FOR OCCUPATIONAL HYGIENIE PROFESSIONAL
REGISTRATION AND CERTIFICATION/ UPGRADE**

Dr [] Mr [] Ms [] Other [] Specify _____ **(Please print clearly)**

Surname _____ First Names _____

Employer _____

Department/Division _____

Postal Address _____

Postal Code _____

Tel. _____ Fax _____ Cell _____

Email _____

Date of birth _____ Identity/passport number _____

FOR PROFESSIONALS CERTIFICATION BOARD USE ONLY

Academic standard (M+?) _____

Experience (Years) _____

Overall (M+? + ?) _____

Qualifies for assessment as:

Occupational Hygiene Assistant _____ Minimum M or Certificate NQF Level 2 + Nil

Occupational Hygiene Technologist _____ Minimum M + 3 + 2

Occupational Hygienist _____ Minimum M + 4 + 5

EVALUATOR SIGNATURE _____ **DATE** _____

Experience Validation Form		EVF No.... of
Please ensure that all the required information is provided. Failing to do so will lead to your application being referred back. PLEASE COMPLETE A SEPARATE VALIDATION FORM PER OCCUPATIONAL/JOB CATEGORY OR EMPLOYER		
Name of Applicant :.....Date :.....		
Employer: As (Designation) :		
Employed from: (Day) Month Year to		
Supervisor/Manager*: Tel. No:		
PLEASE INDICATE THE APPLICABLE DUTIES PERFORMED		
Tick the function and indicate the percentage time spent		
		Tick
		Percentage
Ass	Calibration of equipment	
	Measurement of occupational hygiene stressors	
Tech	Occupational hygiene surveys	
	Analysis and interpretation of sampling results	
	Monitoring reports	
	Recommendation of controls	
Hyg	Record keeping re quality aspects	
	Occupational hygiene quality management	
	Planning of occupational hygiene sampling	
	Developing occupational hygiene programmes	
	Implement control strategies & OH programmes	
	Supervision of Assistants, etc.	
	Management	
	Training	
	Research	
	Verifications	
	Mentorship	
Safety Tasks:		
Environmental Tasks:		
Other Tasks:		
Articles in journals (Attach detailed list please)		
Papers at conferences (Attach detailed list please)		
Total Percentage (max 100%)		
.....
Signed	Date	Place
.....
Print Applicant's Name	Designation	
.....	
Content verified by*	Designation	
.....	
Signature	Date	Place
.....

QUALIFICATIONS (Tertiary beyond High School)**NOTE: ATTACH CERTIFIED COPIES OF QUALIFICATIONS.****Note: short courses are not qualifications and is not acceptable as a qualification.**

UNIVERSITY/ UNIVERSITY OF TECHNOLOGY	DATES	DEGREE/ DIPLOMA	MAJOR SUBJECTS	FULL/ PART TIME	COMPLETED

DECLARATION

I realise that for this application to be considered I must attach **certified** copies of my academic qualifications and the experience validation form/s.

I further understand that I will be subject to a written and/or oral assessment

I agree to abide by the decision as to my certification grade but realise that I do have the right to appeal such a decision

I agree to abide by SAIOH's Constitution, Bylaws and Code of Ethics.

I certify that all information in this application is true.

I agree that it is my responsibility to ensure that application forms are completed correctly and that relevant certificates are attached.

SIGNATUREDATE.....

FEES**ADDRESS**

Application and Evaluation fee: R200

Assessment fee: Occ. Hyg. Assistant R150

Occ. Hyg. Technologist R550

Occ. Hygienist R550

Remark fees: Remark of written Assessment R350

Re-assessment fees(as per applicable category Assessment fee)

Please send the completed application together with the required application fees

Annual Certified Membership Fee R950

Fees can be deposited directly into SAIOH's bank Acc.

Bank: First National Bank Centurion (26 15 50)

Acc. Name: SAIOH

Acc No.: 549 000 590 71

Supporting documents to:

The Administrative Secretary

PO Box 14402 Clubview 0014

Tel:(012) 661 5166

E-mail : lizette@raysaf.co.za

PLEASE NOTE: APPLICATIONS MUST BE POSTED or by E-mail. FAXED COPIES WILL NOT BE ACCEPTED.

APPLICANTS WHO DO NOT TURN UP FOR ASSESSMENTS WILL AGAIN BE REQUIRED TO PAY THE APPLICABLE ASSESSMENT FEES.

NO REFUNDS PAYABLE.