

CORPORATE MEMBERSHIP APPLICATION FORM

SAAHSP is a Non-Profit Organisation that is dynamic and aims to foster professionalism and unity in the industry, and to co-operate and liaise with all participants in the skin, body and nail care industry ensuring the maintenance of the highest standards of ethical conduct.

What are the benefits of being a SAAHSP Corporate member?

- Free advertising on SAAHSP social media.
- Access to SAAHSP PR calendar.
- Opportunity to offer SAAHSP endorsed training.
- SAAHSP **designated** members has access to Skillzbook.

What is Skillzbook?

This provides access to track and monitor CPD points at a click of a button. Skillzbook also provides **FREE** short courses as part of the package to obtain more CPD points.

Skillzbook offers the following: Building your CV, Planned Learning Pathway, Career Venture, Skills Development, and Document (Certificates, diplomas, cv etc) repository.

- Loyalty card for members for discounted prices at seminars and workshops. Discounted prices on products.

Membership categories	Fees for per category
Corporate membership including 1 – 5 therapists/staff members	R2200
Corporate membership including 6 – 10 therapists/staff members	R4500
Corporate membership including 10 or more therapists/staff members	R7500

- SAAHSP membership is renewable at the beginning of each year.
- Pro Rata membership fees apply from February 2020.
- Page 1 requires information strictly related to the Company applying to become a SAAHSP Corporate Member- all fields are required to be filled in.
- Page 2 requires information for each therapist/staff/educator registering to become a SAAHSP Member, included in membership category fee.



SAAHSP CORPORATE MEMBERSHIP APPLICATION FORM

Business Name	<input type="text"/>		
*Owners Name	<input type="text"/>	Contact person	<input type="text"/>
	<i>Please specify who the main contact will be.</i>		
Physical Address	<input type="text"/>		
Code	<input type="text"/>	Province	<input type="text"/>
*Registration No	<input type="text"/>	* VAT No	<input type="text"/>
		* SAL No.	<input type="text"/>
*Contact No	<input type="text"/>	Cell No	<input type="text"/>
*Email Address	<input type="text"/>		
Website Address	<input type="text"/>		
*Do you offer training?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
*Do you Supply Equipment?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
CORPORATE CPD Programs	Are you applying for SAAHSP endorsed training? If yes, information will be emailed to above		<input type="checkbox"/>
What is the nature of your business?	<input type="text"/>		
Membership categories- Indicate how many therapists/staff members are being registered?	1-5 therapist / staff members R2200 <input type="checkbox"/>	6-10 therapists/staff members R4500 <input type="checkbox"/>	10 or more therapists/staffmembers R7500 <input type="checkbox"/>

Declaration: I hereby agree that the above information is correct and authentic.

Signature of Applicant

Date

***This form needs to be filled in by every member being registered with SAAHSP**

PERSONAL CONTACT DETAILS							
Name and Surname	<input style="width: 100%;" type="text"/>						
•ID No/ Passport No.	<input style="width: 80%;" type="text"/>	*DOB	<input style="width: 15%;" type="text"/>				
•Email Address	<input style="width: 100%;" type="text"/>						
Physical Address	<input style="width: 100%; height: 50px;" type="text"/>						
Code	<input style="width: 80%;" type="text"/>	Province	<input style="width: 15%;" type="text"/>				
•Contact number	<input style="width: 80%;" type="text"/>	Alternate number	<input style="width: 15%;" type="text"/>				
•Nationality	<input style="width: 80%;" type="text"/>	•Citizen	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">RSA</td> <td style="width: 25%;">Dual</td> <td style="width: 25%;">Permanent Resident</td> <td style="width: 25%;">Other</td> </tr> </table>	RSA	Dual	Permanent Resident	Other
RSA	Dual	Permanent Resident	Other				
•Home Language	<input style="width: 80%;" type="text"/>	•Disability	Yes <input style="width: 30px;" type="checkbox"/> No <input style="width: 30px;" type="checkbox"/>				
•Gender	<input style="width: 80%;" type="text"/>	•Equity	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Black</td> <td style="width: 25%;">Coloured</td> <td style="width: 25%;">White</td> <td style="width: 25%;">Indian</td> </tr> </table>	Black	Coloured	White	Indian
Black	Coloured	White	Indian				
•Employment Status	<input style="width: 80%;" type="text"/>	•Qualification obtained from and year completed	<input style="width: 100%; height: 30px;" type="text"/>				
Who referred you to SAAHSP?	<input style="width: 100%; height: 30px;" type="text"/>						

A **professional designation** is earned by a person in a particular field by meeting certain requirements, and successfully completing a Portfolio of Evidence (PoE) to show competence in performing a certain job or task. It is an official endorsement from a **professional** body of your skills and experience. We as the professional body, we have the following designations:

- A **Nail Technologist (NTHS)** has completed a one-year formal qualification applying artificial nails and provides nail and nail care therapy on the hands and feet for the purpose of improving the appearance.
- A **Beauty Technologist (BTHS)** has completed a one-year formal qualification applying basic skincare, hand and foot treatments, hair removal, make-up applications and basic back and neck massage with a back treatment
- A **Beauty Therapist (BHS)** has completed a two-year formal qualification applying complete skincare and body treatments including massage to improve a person's appearance
- A **Somatologist (SOMHS)** has completed a three-year formal qualification focusing on the scientific study of the human body, including anatomy and physiology, physics, chemistry, nutrition and biotics.

Select your designation type, you are applying for:	Nail Technologist <input type="checkbox"/>	Beauty Technologist <input type="checkbox"/>	Beauty Therapist <input type="checkbox"/>	Somatologist <input type="checkbox"/>
• Designation Information (Evidence required)	Please attach to this form the following documentation for Designation application (certified copies) <ol style="list-style-type: none"> 1. CV (Detailed with all training obtained, references and list of subjects) 2. Proof of Qualification – Highest achieved in the Industry 3. ID Document of Relevant Proof 			
• I hereby agree that SAAHSP can list me on their marketing data base.	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Declaration: I hereby agree that the above information is correct and authentic.

I wish to apply for membership and do solemnly declare that if elected a member, I will observe all conditions of Membership, conduct, Ethical rules and Regulations, CPD and will conduct myself honorably in the practices of my profession and maintain the dignity and welfare of SAAHSP at all times.

Signature of Applicant

Date