

## COMPLIANCE PROGRAM APPLICATION FORM

SAAHSP has put together a Compliance Program to Support and Uplift the standards in our Industry which complies with all Legal Requirements and OHS Act of Industry.

### What are the benefits of being a SAAHSP COMPLIANCE PROGRAM member?

- *Web based Software program from laptop/computer/smart phone*
- *Access to all required Covid documentation*
- *Access to all required Health & Safety Documentation*
- *Access to all SAAHSP documentation:*  
*Policies*  
*Standard Operating Procedures*  
*Regulations and Acts*  
*Questionnaires*  
*Inspection Forms*  
*Incident/Accident Reporting Forms*
- *Remote Support*
- *Ongoing Support*
- *FREE Seta Accredited Courses for Owner/Manager. (Certificates rewarded after completion)*
- *Legal Liability Course*
- *Risk Assessment Course*
- *Health & Safety in the office*

	Membership	Fees	
Registration Fee (once off)		R200	<input type="text"/>
Annual payment		R2490	<input type="text"/>
Or Debit order (Monthly)		R225	<input type="text"/>

- Membership is continuous monthly
- Page 1 requires information strictly related to the Company applying to become a SAAHSP Compliance Program Member- all fields are required to be filled in.
- Page 2 requires information for each therapist/staff/educator to be added to system



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Company Registration no: 2003/016035/08 167 – 967 NPO

**SAAHSP COMPLIANCE PROGRAM 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"/>		
Are you a SAAHSP member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please supply Membership nr: <input type="text"/>
*Classification of Bussiness	Hair <input type="checkbox"/>	Nails <input type="checkbox"/>	Salon <input type="checkbox"/>
	Spa <input type="checkbox"/>	Aesthetic <input type="checkbox"/>	Combo <input type="checkbox"/>
	Please Specify: <input type="text"/>		
Bussiness Information	Average size m2 of business <input type="text"/>		
How many staff	Manager <input type="checkbox"/>	Reception <input type="checkbox"/>	Housekeeping <input type="checkbox"/>
		Therapist <input type="checkbox"/>	
How many Designated staff	Qualified/Designated <input type="text"/>	Un-Qualified	<input type="text"/>

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

MAIN MEMBER CONTACT DETAILS

Name and Surname	<input type="text"/>			
*ID No/ Passport No.	<input type="text"/>	*DOB	<input type="text"/>	
*Email Address	<input type="text"/>			
Physical Address	<input type="text"/>			
Code	<input type="text"/>	Province	<input type="text"/>	
*Contact number	<input type="text"/>	Alternate number	<input type="text"/>	
*Nationality	<input type="text"/>	*Citizen	<input type="checkbox"/> RSA	<input type="checkbox"/> Dual
			<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
*Home Language	<input type="text"/>	*Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Gender	<input type="text"/>	*Equity	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured
			<input type="checkbox"/> White	<input type="checkbox"/> Indian
*Employment Status	<input type="text"/>	*Qualification obtained from and year completed	<input type="text"/>	
Who referred you to SCP (SAAHSP Compliance Program)?	<input type="text"/>			

Declaration: I hereby agree that the above information is correct and authentic.  
I give consent that SAAHSP may access my System for Inspection purposes.

Signature of Applicant

Date