

SAAHSP PROFESSIONAL THERAPIST MEMBERSHIP APPLICATION FORM

PERSONAL 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"/>	

CONSENT TO COLLECT AND PROCESS PERSONAL INFORMATION

SAAHSP collects Personal Information from when you register with us as a member. We will only use this information to carry out the processes for the purpose for which you registered with us in terms of our Privacy Policy. We will protect your Personal Information in accordance with our Policy and the provisions of the Protection of Personal Information Act, 2013 (South Africa). If you agree, we will use your information to send marketing information to you.

Personal Information will be protected in accordance with the conditions contained in the Protection of Personal Information Act, 2013 (South Africa).

For more information explaining how we use your Personal Information please see our Policy available at www.saahsp.co.za

By signing this application form, you consent to SAAHSP collecting and processing your Personal Information in accordance with our Privacy Policy.

DESIGNATION OF MEMBER

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 Technician (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 Technician (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.
- An **Advanced Aesthetic Therapist (AHS)** has completed an additional one year of training who is involved in advanced aesthetic treatments

Select your designation type, you are applying for:	Nail Technician <input type="checkbox"/>	Beauty Technician <input type="checkbox"/>	Beauty Therapist <input type="checkbox"/>	Somatologist <input type="checkbox"/>	Advanced Aesthetic Therapist <input type="checkbox"/>
<p>Once we have processed your application and payment received you will be loaded onto the Skillzbook Portal which is an online document repository. You will use this system to upload all your documentation.</p> <p align="center">1. Detailed CV 2. All your Qualifications 3. ID Copy</p>					
• 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 membership is granted, I will observe all conditions of Membership, Conduct requirements as well as, Ethical rules and Regulations. I will maintain my CPD and will conduct myself honorably in the scope of practice as per my professional qualification and maintain the dignity and welfare of SAAHSP at all times.

Signature of Applicant

Date