

## SALON/SPA/CLINIC 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 Salon/Spa/Clinic member?

- Free advertising on SAAHSP social media.
- Access to SAAHSP PR calendar.
- SAAHSP members have access to Skillzbook.

*What is Skillzbook?*

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

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

- Maintaining high standard through annual site inspections.
- Opportunity to become an internationally recognized Salon/Spa/Clinic with CIDESCO.

| Membership categories  | Fees for per category |
|--|-----------------------|
| Salon membership including 1 therapist/staff members           | R1100                 |
| Salon membership including 2 therapists/staff members          | R1800                 |
| Salon membership including 1 – 5 therapists/staff members      | R2200                 |
| Salon membership including 6 – 10 therapists/staff members     | R4500                 |
| Salon 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 Salon/Spa/Clinic 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 SALON/SPA/CLINIC 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"/>  |  |   |
| <b>Membership categories-</b><br>Indicate how many therapists/staff members are being registered? | 1-5 therapist / staff members<br>R2200<br><input type="checkbox"/>                          | 6-10 therapists/staff members<br>R4500<br><input type="checkbox"/> | 10 or more therapists/staffmembers<br>R7500<br><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 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 SAAHSP? | <input 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<br><input type="checkbox"/>   | Beauty Technologist<br><input type="checkbox"/> | Beauty Therapist<br><input type="checkbox"/> | Somatologist<br><input type="checkbox"/> |
| • Designation Information (Evidence required)                          | Please attach to this form the following documentation for Designation application (certified copies)<br><ol style="list-style-type: none"> <li>1. CV (Detailed with all training obtained, references and list of subjects)</li> <li>2. Proof of Qualification – Highest achieved in the Industry</li> <li>3. ID Document of Relevant Proof</li> </ol> |   |  |  |
| • 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