

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?

- Mediator between the therapist and client
- Access to Skillzbook
 - A platform that provides access to track and monitor CPD points at a click of a button.
 - Provides **FREE** short courses as part of the package to obtain extra CPD points.
 - Skillzbook includes the following:
 - Building your CV
 - Planned Learning Pathway
 - Career Venture, Skills Development, and Document (Certificates, Diplomas, CV etc.) repository
- Access to PR calendar for the year so that you are notified where you can get your CPD points - (SAAHSP PR Calendar for 12 months, notifying you of CPD Points and how to obtain them) instead
- Discounted prices for Seminars and Workshops
- Maintaining high standard through annual site inspections.
- Opportunity to become an internationally recognized Salon/Spa/Clinic with CIDESCO.

Once application received, invoice will be sent with the Banking details and reference no. to be used. Upon receipt of POP membership is activated.

Membership categories	Fees for per category
1. Salon membership including 1 therapist/staff members	R1100
2. Salon membership including 2 therapists/staff members	R1800
3. Salon membership including 3 – 5 therapists/staff members	R2200
4. Salon membership including 6 or more therapists/staff members	R4500

Method of payment	Category	Amount	Selection
Cash (EFT)	1 therapist	R1100	<input type="checkbox"/>
Cash (EFT)	2 therapists	R1800	<input type="checkbox"/>
Cash (EFT)	3 to 5 therapists	R2200	<input type="checkbox"/>
Cash (EFT)	6 or more	R4500	<input type="checkbox"/>

* Payment plans are available upon request

- SAAHSP membership is renewable at the beginning of each year.
- Pro Rata membership fees apply from February 2023.



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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="text"/>
What is the nature of your business?	<input type="text"/>		

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

Signature of Applicant

Date

Page 3 & 4 is required for information of all members that are registered as part of the applying SAAHSP Salon/Clinic/Spa Member- all fields are required to be filled in.

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: 100%;" type="text"/>	
•Email Address	<input style="width: 100%;" type="text"/>			
Physical Address	<input style="width: 100%; height: 50px;" type="text"/>			
Code	<input style="width: 100%;" type="text"/>	Province	<input style="width: 100%;" type="text"/>	
•Contact number	<input style="width: 100%;" type="text"/>	Alternate number	<input style="width: 100%;" type="text"/>	
•Nationality	<input style="width: 100%;" type="text"/>	•Citizen	<input type="checkbox"/> RSA	<input type="checkbox"/> Dual
			<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other
•Home Language	<input style="width: 100%;" type="text"/>	•Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Gender	<input style="width: 100%;" type="text"/>	•Equity	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured
			<input type="checkbox"/> White	<input type="checkbox"/> Indian
•Employment Status	<input style="width: 100%;" type="text"/>	•Qualification obtained from and year completed	<input style="width: 100%;" type="text"/>	
Who referred you to SAAHSP?	<input style="width: 100%; height: 50px;" 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.
- 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 Technologist <input type="checkbox"/>	Beauty Technologist <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> <ol style="list-style-type: none"> 1. Detailed CV 2. All your Qualifications 3. ID Copy 					
• 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