



SASOHN

SOUTH AFRICAN SOCIETY OF
OCCUPATIONAL HEALTH
NURSING PRACTITIONERS
Registered Public Benefit Organisation (Reg no 930024476)

SASOHN National Office:
P O Box 26538, East Rand, 1462
Tel: +27 (0)861 SASOHN (0861 727 646)
Fax: +27 (0)86 263 8757
Email: office@sasohn.co.za
Website: www.sasohn.co.za

SASOHN ACADEMIC DAY SPONSORSHIP APPLICATION FORM

Note: Incomplete applications will NOT be considered. All applications to be received before end of April.
Late applications will NOT be considered.

1. PERSONAL DETAILS

ID NO		SANC REG NO	
TITLE		SASOHN NO	
FIRST NAMES		CELL NUMBER	
SURNAME		WORK NUMER	
EMAIL ADDRESS		REGION	
POSTAL ADDRESS (NB – all correspondance i.e journals will be sent to this address)			
			POSTAL CODE

2. EMPLOYMENT DETAILS

COMPANY NAME		TEL NO	
COMPANY ADDRESS			
		POSTAL CODE	
NAME OF LINE MANAGER		TEL NO: MANAGER	

3. SPONSORSHIP REQUIRED FOR:

EVENT FOR WHICH SPONSORSHIP IS REQUIRED		
WERE YOU SPONSORED BY THE SOCIETY BEFORE	YES	NO
IF YES PLEASE STIPULATE	DATE:	AMOUNT: R

CHECKLIST: Please provide all the documentation, failing to do so will result in your application not being considered:

	Documents required.	Attached	
1.	Current SANC Receipt	Yes	No
2.	SASOHN Membership receipt for current and previous year	Yes	No

4. APPLICANTS UNDERTAKING

I, _____ the applicant for sponsorship, agree that if I am successful in this application that I will provide my Regional Society with a written report on the workshop. I am also aware that the sponsorship only covers the registration fee and does not cover any travel or accommodation costs. The sponsorship will be paid directly to the conference organisers and is not exchangeable for cash. If I do not attend the workshop I will be required to give SASOHN written notice 7 (seven) days prior to the workshop date. If I fail to do this I will be liable for the workshop costs.

Signature: _____

Date: _____



5. FOR COMPLETION BY REGIONAL EXCO

DECISION BY REGIONAL EXCO COMMITTEE		<i>ACCEPT</i>	<i>DECLINE</i>
DATE		AMOUNT	
SIGNATURE OF CHAIRPERSON		SIGNATURE OF TREASURER	
MEMBER INFORMED			

(If Regional Society is unable to assist, refer to National EXCO)

6. FOR COMPLETION BY NATIONAL EXCO

DECISION BY NATIONAL EXCO COMMITTEE		<i>ACCEPT</i>	<i>DECLINE</i>
DATE		AMOUNT	
SIGNATURE OF PRESIDENT		SIGNATURE OF TREASURER	
MEMBER INFORMED			