



E2. SPONSORSHIP APPLICATION

NB: Please read the Criteria for Sponsorship (SASOHN Rules of Procedure) in conjunction with the application form.

1. PERSONAL DETAILS

ID NO		SANC REG NO	
TITLE		SASOHN NO	
FIRST NAMES		CELL NO	
SURNAME		WORK NO	
EMAIL ADDRESS		REGION	
POSTAL 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	
		Yes	No
1.	Motivation letter by member.	Yes	No
2.	Copy of brochure of the event sponsorship is being requested for.	Yes	No
3.	Copy of current SANC receipt.	Yes	No
4.	Copy of last 2 years' SASOHN membership receipts.	Yes	No
5.	Copy of written request submitted to employer for sponsorship.	Yes	No
6.	Copy of letter from employer declining requested sponsorship.	Yes	No
7.	Letter by Regional Chairperson if sponsorship is required from SASOHN stating why the Regional Society cannot sponsor the member.	Yes	No
8.	Additional info e.g. proof of acceptance of poster/ paper	Yes	No
9.	Proposed budget including registration fees, travel costs, accommodation, etc.	Yes	No
10	Letter from Line Manager stating that the Member will be granted the time off by the company to attend the event that sponsorship is being requested for.	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 Conference. If I do not attend the conference I will be required to give SASOHN written notice 7 (seven) days prior to the Conference date. If I fail to do this I will be liable for the conference costs.

Signature: _____

Date: _____

5. FOR COMPLETION BY REGIONAL EXCO

DECISION BY REGIONAL EXCO COMMITTEE		ACCEPT	DECLINE
IF DECLINED STATE REASON			
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		ACCEPT	DECLINE
IF DECLINED STATE REASON			
DATE		AMOUNT	
SIGNATURE OF PRESIDENT		SIGNATURE OF TREASURER	
MEMBER INFORMED			