



J1. APPLICATION FOR REGISTRATION AS AN AUDIOMETRIST

(Please read the instructions for registration of an audiometrist. Complete the following form and submit with the relevant certified documents and proof of payment to the above email or fax. Invoices will only be issued upon request)

Please Note: By completing this form you consent in terms of the Protection of Personal Information Act (POPI) to your personal information being obtained, utilized, and stored by SASOHN data systems.

1. PERSONAL DETAILS

TITLE		AUDIO REG NO		OFFICE USE ONLY
FIRST NAME		SURNAME		
ID NO		SANC REG NO		
CELL PHONE NUMBER		WORK TEL NUMER		
ETHNICITY	<input type="checkbox"/> African <input type="checkbox"/> Caucasian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> Asian	GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
PERSONAL EMAIL ADDRESS				
ALTERNATIVE EMAIL ADDRESS				
POSTAL ADDRESS:				
			POSTAL CODE	
PHYSICAL ADDRESS:				
			POSTAL CODE	
AUDIOMETRY QUALIFICATONS				
NAME OF TRAINING INSTITUTION				
PLEASE TICK	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE	<input type="checkbox"/> OTHER

2. EMPLOYMENT DETAILS

COMPANY FULL NAME		VAT NO	
POSTAL ADDRESS			
	POSTAL CODE		
JOB TITLE	TYPE OF INDUSTRY		

3. PROVINCE (Please indicate from the list below which province you are employed in)

Eastern Cape Free State Gauteng KZN Limpopo Mpumalanga Northern Cape North-West Western Cape

Please attach certified copies (not older than 3 months) of the following documents for your application to be processed	
Identity Document/Passport	
Audiometry training certificate	
Certificate of attendance at Audiometry Update Course if applicable	
Proof of payment of the registration is attached	

SIGNATURE

DATE



SASOHN National Office:

Elridge Office Park, Flexiub, First Floor, Block B,
Unit No. B12-4, 70 Middle Road, Boksburg 3,
1459
PostNet Suite #113, Private Bag X5, Aston
Manor, 1630
Tel: +27 (0)861 SASOHN (0861 727 646)
Fax: +27 (0)86 263 8757
Email: audio@sasohn.co.za
Website: www.sasohn.co.za

For Office Use

Documentation correct/verified		Date Registered	
Payment Received			

REGISTRATION INSTRUCTIONS:

1. Provide all your details accurately on the registration form.
2. Attach certified copies of all necessary documents to support your registration on the form. Use the checklist on the form to ensure all the correct documentation is attached.
3. Attach proof of payment to the documentation.

Please note in all cases where direct deposits or electronic transfers are made, a proof of the transaction must be attached.

4. The banking details for direct deposits or bank transfers are listed below.

ACCOUNT NAME: AUDIOMETRY REGISTER
BANK: Nedbank
BRANCH: Cresta
BRANCH CODE: 191-305
ACCOUNT No: 1913 336 840

5. A certificate valid for two years will be forwarded to you once your registration process is complete.
6. Please complete a "Change of detail form" (I2) and send it to the SASOHN National Office if any information on the Registration Form changes. Failure to do so will mean that you may not receive your invoice for renewal or important information that may be sent out.
7. All queries may be directed to SASOHN National Office.

Please note: Audio Office Hours are Monday to Thursday from 13h30 to 16h30.