# 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 and signing 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.

## PERSONAL DETAILS

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

1. **EMPLOYMENT DETAILS (Please provide company details that needs to appear on the invoice)**

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

## 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 |  |

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap to enter a date. |
| **SIGNATURE** |  | **DATE** |

***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.

* 1. 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.

* 1. 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

* 1. A certificate valid for two years will be forwarded to you once your registration process is complete.
  2. Please complete a “[Change of detail form](https://www.sasohn.co.za/wp-content/uploads/I2-Change-of-Details-SASOHN-AUDIO-UD2020-POPI-13.pdf)” (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.
  3. All new applications and queries should be directed to [audio@sasohn.co.za](mailto:audio@sasohn.co.za)

Please note of the Audio Office Hours:

**Audio Office Hours:**

Monday: 13:30 am to 16:30 pm

Tuesday: 13:30 am to 16:30 pm

Wednesday: 13:30 am to 16:30 pm

Thursday: 13:30 am to 16:30 pm

Friday: Closed

Saturdays, Sundays & Public Holidays: Closed