



SASOHN

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

SASOHN National Office:
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F2. APPLICATION AND CONTRACT FOR EDUCATIONAL BURSARY (PLEASE PRINT CLEARLY)

The applicant is responsible to ensure that ALL information is provided and all necessary supporting documentation is submitted to the Regional Society by 31 JANUARY.

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	
QUALIFICATIONS			

2. EMPLOYMENT DETAILS

COMPANY NAME		TEL NO.	
COMPANY ADDRESS			
		POSTAL CODE	
NAME OF LINE MANAGER		TEL NO. MANAGER	
HAVE YOU RECEIVED ANY FINANCIAL ASSISTANCE FROM YOUR EMPLOYER?		YES	NO

3. STUDY DETAILS

QUALIFICATION TO BE OBTAINED		TRAINING INSTITUTION	
DURATION OF THE COURSE			
REASON FOR UNDERTAKING THE STUDY / COURSE			
COST OF COURSE		BURSARY AMOUNT REQUIRED	
HAVE YOU PREVIOUSLY RECEIVED A BURSARY FROM SASOHN?		YES	NO
DATE		REASON	
AMOUNT			

STUDY CONTRACT

IMPORTANT

Please attach all relevant documentation as specified in the SASOHN Rules of Procedure. Incomplete applications will not be accepted. If you are unable to trace a required document, a letter of explanation must be attached.

I hereby agree to the following:

- 1 If I pass the examination, the amount SASOHN has assisted me with will be written off.
- 2 Should I abandon my studies at any time before writing the final examination, or if I fail to successfully complete the course, I will be responsible to repay the full amount received from SASOHN, with interest, back to the Society in equal amounts over ten months.
- 3 If I fail the examination, item two will apply.

APPLICANT'S SIGNATURE _____

DATE _____

CHECKLIST:

Documents required from applicant		Attached	
1.	Motivation letter from member for study	Yes	No
2.	Copy of proof of registration/application to study	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.	Letter from employer declining requested sponsorship	Yes	No
7.	Budget for study including tuition, prescribed books and other costs	Yes	No
Documents required from region			
8.	Letter from regional chairperson motivating the application	Yes	No
9.	Other:	Yes	No

4. FOR COMPLETION BY REGIONAL CHAIRPERSON

DECISION BY REGIONAL		ACCEPT	DECLINE
DATE		AMOUNT	
REGION		REGION CHAIRPERSON	

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

5. FOR COMPLETION BY NATIONAL EXECUTIVE

DECISION BY NATIONAL EXCO COMMITTEE		ACCEPT	DECLINE
DATE		AMOUNT	
REASON			
SIGNATURES			
NATIONAL EDUCATIONAL REPRESENTATIVE		DATE	
SASOHN PRESIDENT		DATE	
SASOHN TREASURER		DATE	