

	SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS		DOCUMENT NUMBER: D1S
	SASOHN Academic Day Sponsorship Application		REVISION: 0.3
	APPROVED BY: <i>Michelle Bester</i>	NATURE OF CHANGES: Revision	REV DATE: Feb 2023

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

TITLE	FIRST NAME	SASOHN NO
SURNAME		SANC REG NO
ID NO		REGION
CELL NUMBER		WORK TEL NUMER
EMAIL ADDRESS*		
POSTAL ADDRESS		
	POSTAL CODE	

2. EMPLOYMENT DETAILS:

COMPANY FULL NAME	TEL NO
COMPANY ADDRESS	POSTAL CODE
NAME of MANAGER	TEL NO: MANAGER

3. SPONSORSHIP REQUIRED FOR:

EVENT FOR WHICH SPONSORSHIP IS REQUIRED			
WERE YOU SPONSORED BY THE SOCIETY BEFORE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	SASOHN Membership receipt for current and previous year	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____

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Last Modified By:	SASOHN President	Last Modified On:	Feb 2023		
		Next Review Date	Feb 2026		

5. FOR COMPLETION BY REGIONAL EXCO

DECISION BY REGIONAL EXCO COMMITTEE		ACCEPT <input type="checkbox"/>	DECLINE <input type="checkbox"/>
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 REGIONAL EXCO COMMITTEE		ACCEPT <input type="checkbox"/>	DECLINE <input type="checkbox"/>
DATE:		AMOUNT:	
SIGNATURE OF CHAIRPERSON		SIGNATURE OF TREASURER	
MEMBER INFORMED			