

	<b>SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS</b>		<b>DOCUMENT NUMBER:</b> <b>E2F</b>
	<b>Sponsorship Application</b>		<b>REVISION:</b>
	<b>APPROVED BY:</b> Michelle Bester	<b>NATURE OF CHANGES:</b> Revision	<b>REV DATE:</b> Feb 2023

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

### 1. PERSONAL DETAILS

<b>ID NO</b>		<b>SANC REG NO</b>	
<b>TITLE</b>		<b>SASOHN NO</b>	
<b>FIRST NAMES</b>		<b>CELL NO</b>	
<b>SURNAME</b>		<b>WORK NO</b>	
<b>EMAIL ADDRESS</b>		<b>REGION</b>	
<b>POSTAL ADDRESS</b>			
		<b>POSTAL CODE</b>	

### 2. EMPLOYMENT DETAILS

<b>COMPANY NAME</b>		<b>TEL NO</b>	
<b>COMPANY ADDRESS</b>			
		<b>POSTAL CODE</b>	
<b>NAME OF LINE MANAGER</b>		<b>TEL NO: MANAGER</b>	

### 3. SPONSORSHIP REQUIRED FOR:

<b>EVENT FOR WHICH SPONSORSHIP IS REQUIRED</b>		
<b>WERE YOU SPONSORED BY THE SOCIETY BEFORE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>IF YES, PLEASE STIPULATE</b>	<b>DATE:</b>	<b>AMOUNT: R</b>

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**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.		
2.	Copy of brochure of the event sponsorship is being requested for.		
3.	Copy of current SANC receipt.		
4.	Copy of last 2 years' SASOHN membership receipts.		
5.	Copy of written request submitted to employer for sponsorship.		
6.	Copy of letter from employer declining requested sponsorship.		
7.	Letter by Regional Chairperson if sponsorship is required from SASOHN stating why the Regional Society cannot sponsor the member.		
8.	Additional info e.g. proof of acceptance of poster/ paper		
9.	Proposed budget including registration fees, travel costs, accommodation, etc.		
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.		

**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: \_\_\_\_\_

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**5. FOR COMPLETION BY REGIONAL EXCO**

DECISION BY REGIONAL EXCO COMMITTEE		<input type="checkbox"/> ACCEPT	<input type="checkbox"/> 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		<input type="checkbox"/> ACCEPT	<input type="checkbox"/> DECLINE
IF DECLINED STATE REASON			
DATE		AMOUNT	
SIGNATURE OF PRESIDENT		SIGNATURE OF TREASURER	
MEMBER INFORMED			

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