

	SOUTH AFRICAN SOCIETY OF OCCUPATIONAL HEALTH NURSING PRACTITIONERS			DOCUMENT NUMBER:	F2F
	Application And Contract for Educational Bursary			REVISION:	3
	APPROVED BY:	<i>Michelle Bester</i>	NATURE OF CHANGES:	Revision	REV DATE:

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.

(PLEASE PRINT CLEARLY)

PERSONAL DETAILS			
Name:		Surname:	
Tel Number:		E-mail:	
Cell Number:		ID number:	
SANC Reg No:		SASOHN Member No:	
Current Qualifications			

EMPLOYER DETAILS			
Name of Employer:			
Name of Manager:			
Employer Address:			
Tel. No. Manager:			
Have you received any financial assistance from your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

STUDY DETAILS			
Qualification to be obtained:			
Training Institution:			
Duration of course:			
Reason for undertaking the study/course:			
Cost of course:			
Bursary amount required:			
Have you previously received a SASOHN bursary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please state the following:			
Date bursary received from SASOHN:			
Reason for Bursary			
Amount allocated:			

STUDY AGREEMENT

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 with interest SASOHN assisted me with, back to the Society in equal amounts over ten months.
3. If I fail the examinations, item two will apply.

CHECKLIST:		
Documents required from applicant	Yes	No
1. Motivation letter from member for study.		
2. Copy of proof of registration / copy of application to study / Invoice for course.		
3. Copy of current SANC receipt.		
4. Copy of last 2 year's SASOHN membership receipts.		
5. Copy of written request submitted to employer for sponsorship.		
6. Letter from employer declining requested sponsorship.		
7. Budget for study including tuition, prescribed books, and other costs.		
Documents required from region:		
1. Letter from regional chairperson motivating the application		
2. Other:		

FOR COMPLETION BY THE REGIONAL CHAIRPERSON

Region:	
Regional Chair:	
<input type="checkbox"/> Application supported	<input type="checkbox"/> Not supported
Date:	

FOR COMPLETION BY NATIONAL EXECUTIVE:

Decision by National Executive Committee:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

Reason:	
Amount:	

Signature of National Educational Representative:	
Signature of President:	
Signature of Treasurer:	
Date:	

Document Owner:	SASOHN National	Original Date:	Aug 1996	Page:	4
Last Reviewed By:	SASOHN President	Last Reviewed On:	Feb 2023		
		Next Review Date:	Feb 2026		