



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 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.

1. PERSONAL DETAILS

TITLE		AUDIO REG NO	OFFICE USE ONLY
FIRST NAME		SURNAME	
ID NO		SANC REG NO	
CELL PHONE NUMBER		WORK TEL NUMER	
ETHNICITY		GENDER	
EMAIL ADDRESS			
ALTERNATIVE EMAIL ADDRESS			
POSTAL ADDRESS:			
		POSTAL CODE	
PHYSICAL ADDRESS:			
		POSTAL CODE	
AUDIOMETRY QUALIFICATIONS			
NAME OF TRAINING INSTITUTION			
PLEASE TICK	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> DIPLOMA	<input type="checkbox"/> DEGREE <input type="checkbox"/> OTHER

2. EMPLOYMENT DETAILS

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

3. 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 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 R250 registration is attached	

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.
3. 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.

4. 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

5. A certificate valid for two years will be forwarded to you once your registration process is complete.
6. Please complete a “Change of detail form” (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.
7. All queries may be directed to SASOHN National Office.

Please note: Audio Office Hours are Monday to Thursday from 13h30 to 16h30.