



SASOHN

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

SASOHN National Office:
P O Box 7182, Bonaero Park, Suite 5, 1622
Tel: +27 (0)861 SASOHN (0861 727 646)
Fax: +27 (0)86 263 8757
Email: office@sasohn.co.za
Website: www.sasohn.co.za

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)

1. PERSONAL DETAILS

ID NO		SANC REG NO	
TITLE		AUDIO REG NO	OFFICE USE
FIRST NAMES		CELL NUMBER	
SURNAME		WORK NUMER	
EMAIL ADDRESS		FAX NUMBER	
POSTAL ADDRESS (NB – all correspondance i.e. journals will be sent to this address)			
			POSTAL CODE
AUDIOMETRY QUALIFICATONS			
NAME OF TRAINING INSTITUTION			

2. EMPLOYMENT DETAILS

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

3. REGION (Please indicate the region of your choice from the list below ONLY)

<input type="checkbox"/> Eastern Cape	<input type="checkbox"/> KZN	<input type="checkbox"/> Northern Cape
<input type="checkbox"/> Gauteng	<input type="checkbox"/> Free State	<input type="checkbox"/> Mpumalanga
<input type="checkbox"/> Western Cape	<input type="checkbox"/> Limpopo	<input type="checkbox"/> North West

Please attach certified copies of the following documents for you 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			



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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 office hours are Monday to Friday from 08h00 to 13h00.