

APPLICATION FORM FOR PROFESSIONAL REGISTRATION

| | | | |
|--|---|----------------|--|
| Surname | | Title | |
| First Names | | Preferred Name | |
| Postal Address | | | |
| Cell Phone | | | |
| Office Telephone | | Province | |
| Home Telephone | | | |
| Fax | | | |
| Personal Email Address | <i>Email contact is required for professional registration</i> | | |
| Alternate Email address | <i>Indicate which is the preferred e-mail address ✓</i> | | |
| Residential Address | | | |
| Company Name and VAT number | <i>To be supplied if company pays for registration</i> | | |
| ID Number | <i>Please attach a copy of your ID to the application</i> | | |
| Registration with other Professional bodies | | | |
| Name and number of supervisor or professional colleague who is prepared to recommend your registration | Name: | Tel: | |
| | Position: | Organization: | |

Information below required for biographical and statistical reporting purposes only:

| | | | | | | | | | |
|------------------|---------|--|----------|--|--------|--|-------|--|--|
| Population Group | African | | Coloured | | Indian | | White | | |
| Male or Female | | | | | | | | | |
| Nationality | | | | | | | | | |

PROFESSIONAL REGISTRATION LEVELS AND CATEGORIES

*Below is the list of levels and categories available for registration. Before you select a level please ensure that you are familiar with the registration requirements listed on the website. You will **not** be eligible for levels of registration for which you do not qualify (have the required knowledge and experience). All criteria need to be met.*

| Professional Level of Registration | Professional Title | Generalist Category <i>Application for generalist level should show evidence of competence across most of the specialist categories</i> | Specialist Category please indicate from the list below |
|---|--------------------|--|---|
| | | Tick where applicable | |
| Master HR Professional (Masters' degree + HR director position or higher) | MHRP | | |
| Chartered HR Professional (4 year HR degree + senior HR management position) | CHRP | | |
| HR Professional (3 year HR qualification + 3 years middle level management experience) | HRP | | |
| HR Associate (2 year HR qualification + 2 years experience) | HRA | | |
| HR Technician (1 year HR qualification + 1 year experience) | HRT | | |
| Pre-Professional Level | | | |
| HR Candidate (HR qualification, but no experience or vice versa) | HRC | | |
| Application for recognition of prior learning (RPL). See website for details. | | | |

If applying for a specialist category, please select the area of specialisation:

| Recruitment & Selection | Learning & Development | Organisation development | Employment Relations | Remuneration | Safety, Health & Environment | HR Information Systems | HR Administration | Coaching and/or mentoring | Productivity |
|-------------------------|------------------------|--------------------------|----------------------|--------------|------------------------------|------------------------|-------------------|---------------------------|--------------|
| | | | | | | | | | |

Please tell us where or how you were introduced to SABPP: _____

What made you decide to apply for professional registration with SABPP? _____

EMPLOYMENT HISTORY

A comprehensive CV must also be attached.

Kindly list all information starting from your current employer to first employer. This summary IS required

| Company Name | Job Title | Period of employment in years & months | Employment dates (i.e. Oct 2006 – Sep 2010) | Size of Company <i>Number of employees</i> |
|--------------|-----------|--|---|---|
| | | | | |
| | | | | |
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| | | | | |

QUALIFICATIONS HISTORY

Kindly provide a detailed summary of your completed qualifications. We DO REQUIRE certified copies of all academic records.*

| Qualification | Obtained from? | Studied from | Studied to | Graduation Date | Major Subjects |
|---------------|----------------|--------------|------------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LEVELS OF WORK: SELF-ASSESSMENT

Please complete these 3 statements: (Between 5 – 10 lines for each)

1. Describe how your career has developed from beginning to today.

2. Provide a summary of your current position and main roles, including your level in the organization.

3. Describe how the professional knowledge and experience you have gained will help you over the next five years.

PAYMENT OF FEES

Please note that your application will not be processed until fees have been paid. See Registration Guide for fees structure

I apply herewith for registration with the SABPP at the level indicated on page 2 and enclose the sum of R_____

METHOD OF PAYMENT

Tick preferred method of payment

| | | | | | | | |
|----------------------------|--------------------------|-----------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|
| Electronic Transfer | <input type="checkbox"/> | Direct Deposit | <input type="checkbox"/> | Cash | <input type="checkbox"/> | Cheque | <input type="checkbox"/> |
|----------------------------|--------------------------|-----------------------|--------------------------|-------------|--------------------------|---------------|--------------------------|

For Electronic Banking and Direct Deposits:

Please use initials and surname to identify your payment on our bank statement.

Our Banking details:

**South African Board for People Practices
Standard Bank
Parktown
Branch code 000355
Account Number: 200 468 308**

**Proof of Payment attached: _____
Proof of Payment faxed: _____
Proof of Payment emailed: _____**

Please note: If the account is paid electronically, kindly ensure that your name and initials appear on our statement and not just the Company name. Enquiries can be directed to Tshwarelo on +27 11 482-8595 or email professional@sabpp.co.za

- Attach proof of payment or fax to 011 482-4830 or email to professional@sabpp.co.za
- Attach Application form completed in full.
- Attach certified copies of all the HR qualifications.
- Attach detailed Curriculum Vitae of working experience.
- The initial registration fee covers the administration involved in processing applications and **is not refundable**.
- Qualifications obtained outside South Africa have to be accompanied by an equivalent value certificate issued by SAQA, please arrange directly with them on +27 12 431 5070/5000 or saqainfo@saqa.org.za
- Post completed form, CV, certified copy of ID and qualifications to SABPP, PO Box 2450, Houghton 2041, South Africa.

PROFESSIONAL DECLARATION TO BE SIGNED BY APPLICANT

1. In keeping with the spirit of the [SABPP Code of Professional Conduct](#) , I hereby attest that all information presented on this form are correct and complete, and that action can be taken against me if this is not the case.
2. I attest to the fact that all the qualifications I hold and which are presented here represent qualifications that I obtained at an educational institution recognised by SAQA.
3. I attest to the fact that no disciplinary finding has been made which indicates my incompetence, breach of ethical behaviour or misconduct. The Board reserves the right to make any enquiries or take action it deems appropriate or necessary.
4. I acknowledge that as far as my statement of experience, competence and skills is concerned, the burden of responsibility of proof that this is a true reflection of the situation is mine.
5. I understand that all monies will immediately be forfeit and the application discarded if false information is found to have been supplied.
6. I acknowledge that the Board may require further proof from me if needed, including an interview and/or site visit.
7. I undertake to observe and be bound by the provisions of the Charter, and Regulations of the SABPP.
8. I undertake to abide by the prescribed code of professional conduct of the South African Board for People Practices.
9. I make a [personal professional commitment](#) to the profession, to ethical standards and to excellence as detailed in the SABPP documentation.
10. As a professional member of the SABPP, I hereby agree to abide by the principles and objectives of Continued Professional Development (CPD) as prescribed by the SABPP and complete the required forms as and when received from the SABPP.
11. I agree to pay the annual renewal fees.
12. I agree to receive electronic and other forms of communication from SABPP.
13. I will update SABPP of all changes to my address, employment status and other personal contact details.

Signature _____

Date _____