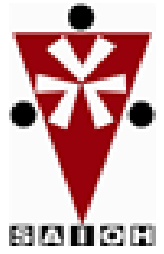


SAIOH APPLICATION COVERSHEET



FIRST NAME AND SURNAME

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EXPERIENCE VALIDATION FORM

Form No. _____ Of _____

Please ensure that **all** the required information is provided. Failing to do so will lead to your application being returned.

PLEASE COMPLETE A SEPARATE VALIDATION FORM PER OCCUPATIONAL / JOB CATEGORY OR EMPLOYER – IF YOU HAVE NO WORK HISTORY PLEASE LEAVE BLANK

NAME OF APPLICANT :		DATE :	
EMPLOYER :		As (DESIGNATION) :	
EMPLOYED FROM :	DAY	MONTH	YEAR TO
SUPERVISOR / MANAGER :		TEL. No. :	

PLEASE INDICATE THE APPLICABLE DUTIES PERFORMED:

	(TICK THE FUNCTION AND INDICATE THE PERCENTAGE TIME SPENT)	TICK	PERCENTAGE
ASS.	CALIBRATION OF EQUIPMENT		
	MEASUREMENT OF OCCUPATIONAL HYGIENE STRESSORS		
TECH.	OCCUPATIONAL HYGIENE SURVEYS		
	ANALYSIS AND INTERPRETATION OF SAMPLING RESULTS		
	MONITORING REPORTS		
	RECOMMENDATION OF CONTROLS		
HYGIENIST	RECORD KEEPING WITH REGARD TO QUALITY ASPECTS		
	OCCUPATIONAL HYGIENE QUALITY MANAGEMENT		
	PLANNING OF OCCUPATIONAL HYGIENE SAMPLING		
	DEVELOPING OCCUPATIONAL HYGIENE PROGRAMS		
	IMPLEMENTING CONTROL STRATEGIES AND OH PROGRAMS		
	SUPERVISION OF ASSISTANTS, ETC.		
	MANAGEMENT		
	TRAINING		
	RESEARCH		
	VERIFICATIONS		
	MENTORSHIP		
SAFETY TASKS:			
OTHER TASKS:			
TOTAL PERCENTAGE (maximum 100%)			

Signed

Date

Print applicants name

Designation

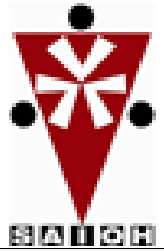
Content verified by*

Designation

Signature

SAIOH

APPLICATION COVERSHEET



QUALIFICATIONS (TERTIARY / FORMAL BEYOND HIGH SCHOOL)

NOTE: ATTACH CERTIFIED COPIES OF QUALIFICATION. SHORT COURSES ARE NOT QUALIFICATIONS AND ARE NOT ACCEPTABLE AS A QUALIFICATION.

UNIVERSITY / UNIVERSITY OF TECHNOLOGY	DATES	DEGREE / DIPLOMA	MAJOR SUBJECTS	FULL / PART TIME	COMPLETED

PLEASE COMPLETE CHECKLIST BEFORE SUBMITTING THIS APPLICATION FORM

WITHOUT THE APPROPRIATE SUPPORTING DOCUMENTS, SPECIFIED BELOW, YOUR APPLICATION CANNOT BE ACCEPTED FOR CONSIDERATION:

- CERTIFIED COPY OF MATRIC CERTIFICATE
- CERTIFIED COPIES OF DEGREES / DIPLOMAS / CERTIFICATES (ONLY TERTIARY QUALIFICATIONS OR AS PER EXEMPTION LIST)
- CERTIFIED COPY OF ID
- SIGNED / VERIFIED EXPERIENCE VALIDATION FORM (S) (PAGE 2) (FOR EACH PERIOD OR LEVEL OF EMPLOYMENT)
- APPLICATION AND EVALUATION FEE

FOR PROFESSIONALS CERTIFICATION BOARD USE ONLY

ACADEMIC STANDARD (M+?) : _____

EXPERIENCE (YEARS) : _____

OVERALL (M+?+?) : _____

QUALIFIES FOR ASSESSMENT AS OCCUPATIONAL HYGIENE:

Assistant : _____ MINIMUM M OR CERTIFICATE NQF LEVEL 2 + NIL EXPERIENCE

Technologist : _____ MINIMUM M + 3 + 2

Hygienist : _____ MINIMUM M + 4 + 5

Evaluators Signature : _____

Date : _____