



## APPLICATION FOR REGISTRATION OF A PROFESSIONAL DESIGNATION

New application

Upgrade to a higher designation application Current registration number:

PD \_\_\_\_\_

Fields indicated with an asterisk needs to be completed as it is a statutory requirement whereby recognised professional bodies are required to submit data to the National Learner's Record Database (NLRD).

### PERSONAL INFORMATION:

<b>Surname*</b>					<b>Title</b>			
<b>First Name*</b>					<b>Preferred Name</b>			
<b>ID number/ Passport number*</b>					<b>Date of Birth*</b>			
<b>Nationality*</b>	<b>South African</b>		<b>Other</b>		<b>Specify nationality if not South African:</b>			
<b>Gender* (Please select)</b>	<b>Male</b>		<b>Female</b>					
<b>Home Language*</b>								
<b>Equity Group*</b>	<b>African</b>		<b>White</b>		<b>Indian/Asian</b>		<b>Coloured</b>	
<b>Disabled*</b>	<b>Yes</b>		<b>No</b>		<b>State</b>			
<b>Cellphone number</b>								
<b>Office Telephone number</b>								
<b>Preferred e-mail address</b>								
<b>Alternate e-mail address</b>								
<b>Postal address</b>								
<b>Province of Residence*</b>								
<b>Company Name</b>								
<b>Current Job Title</b>								
<b>Name of Current Manager</b>								
<b>Contact Details of Current Manager</b>	<b>E-mail address</b>							
	<b>Landline</b>				<b>Cellphone</b>			

**QUALIFICATIONS HISTORY**

Kindly provide a detailed summary of qualifications completed. A copy of the highest academic certificate must be uploaded with the supporting documents. List highest to lowest qualification.

Qualification	Institution	Year obtained

**EMPLOYMENT HISTORY**

A comprehensive CV must be uploaded. Employment history for the last 15 years starting with current employer.

Company Name	Job Title	Period of employment in years and months	Employment dates	Number of employees reporting to the applicant

**KEY RESPONSIBILITIES IN CURRENT ROLE**

A job profile may be uploaded with the supporting documentation.


**WORK REFERENCES**

Name	Job Title	Company	Contact number	Relationship to applicant

## MEMBERSHIP FEE

I, \_\_\_\_\_ (Name) hereby apply for registration of a Professional designation.

I understand that there is a registration fee as set out in the table below, with the annual professional membership fee (to be levied on a pro rata basis).

### Reward Designation Membership Application fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Reward Specialist	R500	R1050	R1550
Chartered Reward Specialist	R500	R890	R1390
Reward Specialist	R500	R785	R1285
Reward Analyst	R500	R525	R1025
Reward Administrator	R500	R265	R765

### Reward Designation Membership Upgrade fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Reward Specialist	R250	R1050	R1300
Chartered Reward Specialist	R250	R890	R1140
Reward Specialist	R250	R785	R1035
Reward Analyst	R250	R525	R775
Reward Administrator	R250	R265	R515

### International Mobility Designation Membership Application fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Mobility Specialist	R500	R1050	R1550
Mobility Specialist	R500	R785	R1285
Mobility Practitioner	R500	R525	R1025

### International Mobility Designation Membership Upgrade fee schedule:

Professional designation for Registration	Registration fee	Annual professional membership fee	Total payable on confirmation of Designation
Master Mobility Specialist	R250	R1050	R1300
Mobility Specialist	R250	R785	R1035

Mobility Practitioner	R250	R525	R775
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**PROFESSIONAL DECLARATION**

I hereby confirm that all information presented on this form is correct and complete. I acknowledge that SARA may require further evidence of information.

I undertake to abide by the prescribed Code of Conduct of SARA. I make a personal professional commitment to the profession, to ethical standards and to excellence.

As a professional member of SARA, I hereby agree to abide by the principles and objectives of Continued Professional Development (CPD) as prescribed by SARA and complete the required forms as and when received from SARA.

I agree to pay the annual membership fees as determined on a yearly basis.

I agree to receive electronic and other forms of communication from SARA.

I will keep all personal details updated on the membership pages of the SARA website.

<b>Signature</b>		<b>Date</b>	
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**For Electronic Banking and Direct Deposits:**

Please use initials and surname to identify your payment.

**SARA's Banking details are as follows.**

ABSA Bank  
 Randburg Branch (632 005)  
 Acc # 9088 698 412  
 Account Type: Transmission

**CONFIRMATION BY CURRENT MANAGER**

*Please complete and upload with supporting documentation.*

I, \_\_\_\_\_ (Name) in my capacity as

\_\_\_\_\_ (Job Title) confirm that

\_\_\_\_\_ (Employee Name) in his/her position as

\_\_\_\_\_ (Employee's Current Job title) has

applied for the registration of a Professional Designation.

I further confirm that the current job responsibilities stated above are true and correct.

\_\_\_\_\_

**Signature**