



THE SOUTH AFRICAN INSTITUTE OF PHYSICS

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Professional Designation Application Form

FOR SAIP OFFICE USE ONLY

Approved Professional Standards Committee Chairperson:	Date approved: YYYY / MM / DD
Signature:	
Membership Number:	
Captured in Database – Person's name:	Date: YYYY / MM / DD

INSTRUCTIONS:

1. Please complete the relevant sections below.
2. Please complete in print, sign and post to the Secretary at the address above or scan and email to info@saip.org.za
3. Please also send us a detailed CV, ID Copy, Copies of certificates and two referee reports on the prescribed reference template
4. If you obtained your qualifications from outside South Africa, please provide a SAQA evaluation certificate

Category of Professional Designation Applied for

Tick	Designation Name
	Professional Physicist (Pr.Phys)
	Professional Industrial and Physical Science Technologist (Pr.PhysTECH)

APPLICANT DETAILS

Title:		Gender: Male <input type="checkbox"/>	Female: <input type="checkbox"/>
First Name[s]:		Surname:	
Date of Birth:		ID or Passport Number:	
Nationality:		Race [optional]:	
SAIP MEMBERSHIP NUMBER:			
Please note that			
<ol style="list-style-type: none"> 1. To be accepted as a Professional Physicist one must apply and be accepted as an SAIP Full member. 2. To be accepted as a Professional Industrial and Physical Science Technician one must apply and be accepted as an Associate Member of SAIP 3. If you are not yet a member of SAIP please complete the SAIP Membership Application Form and submit together with your professional designation application 			
Correspondence [One only]: E-mail <input type="checkbox"/> Post <input type="checkbox"/>			
E-mail :			
Postal address:		Postal code:	
Telephone [Work]: Code:	Number:	Fax Number: Code	Number:

ACADEMIC RECORD

Degree / Diploma	Institution	Year

EMPLOYMENT RECORD SUMMARY

Please note:

1. Start with the most recent employment record
2. Attach a detailed CV

From	To	Employer	Job Title

REFEREES

Please note that

1. One of the two referees must be an SAIP Member
2. If you are not aware of any SAIP member who can be your referee, one of the referees must be your immediate supervisor/line manager

NAME & Position	Address	Telephone Number	Email Address

Reference Letters from referees are attached on template provided	YES	NO
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Declaration by Applicant

- 1) I have read and understood the SAIP constitution and by-laws.
- 2) I hereby declare that I undertake to abide by the SAIP code of conduct; and
- 3) I certify that the information supplied in this application is correct and I agree to inform the SAIP of any change to my contact details.

Signature of Applicant: _____

Date: Y Y Y Y / M M / D D



Professional Designation Application
REFEREE REPORT – CONFIDENTIAL

Applicant Name: _____

REFEREE'S COMMENTS

Association with Applicant

I have known the Applicant over the period:

from _____, to _____

as Employer or HoD or supervisor / Colleague / University lecturer / Supervisor of dissertation or thesis / Other (please specify) _____

Assessment of the Applicant (Please score using the following scale)

Above average 1 Average 2 Below average 3 Do not know 4

Table with 3 columns: CHARACTERISTIC, SCORE, and COMMENTS. Rows include Professional conduct, Scientific judgment, Quality of work, Attitude towards physics, Application of scientific principles and methods, and Ethical standards.

Recommendation

I recommend that the Applicant is registered / is not registered/ as a Professional Physicist / as a Professional Industrial and Physical Science Technologist

Referee Details Mandatory to Fill

Name : _____

Institution and Address: _____

Current Occupation/Designation / Position: _____

Are you an SAIP Member: _____

Signature

Date: