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| Graphic1 | **THE SOUTH AFRICAN INSTITUTE OF PHYSICS** |
| Webpage: <http://www.saip.org.za/> |
| PostNet Suite 165, Private Bag X025, LYNNWOOD RIDGE, 0040, South Africa |
| Telephone: 012 8412627 | Fax: 086 6050871  E-mail: [info@saip.org.za](mailto:info@saip.org.za) |
| **Application for Certification as Professional Physicist** |

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| **FOR OFFICE USE ONLY** | |
| **Approved**  **Professional Standards Committee Chairperson:**  **Signature:** | **Date approved:** Y Y Y Y / MM / DD |
| **Professional Physicist Registration Number:** |  |
| **Captured in Database – Person’s name:** | **Date**: Y Y Y Y / MM / DD |

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| **INSTRUCTIONS:** |
| 1. Please complete the relevant sections as detailed below. 2. Please complete in print, sign and post to the Secretary at the address above. 3. Please also attach a detailed CV to your application. 4. Payment is due after the membership form has been processed. Please **do not** enclose your fees with your application. 5. **If you did not obtain your degrees from a South African University, please provide your SAQA evaluation certificate** |

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| **APPLICANT DETAILS** | | | | | |
| Title: |  | | | Gender: Male 🞏 Female: 🞏 | |
| First Name[s]: |  | | | Surname: | |
| Date of Birth: | | | | ID or Passport Number: | |
| Nationality: | | | | Race [optional]: | |
| SAIP MEMBERSHIP NUMBER:  **Please note that in order to be accepted as a Professional Physicist one must apply and be accepted as an SAIP Full member. You must also must also maintain your SAIP membership** | | | | | |
| Correspondence [One only]: E-mail 🞏 Post 🞏 | | | | | |
| E-mail : | | | | | |
| Postal address: | | | | Postal code: | |
| Telephone [Work]: Code: | | Number: | Fax Number: Code | | Number: |

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| **ACADEMIC RECORD** | | |
| **Degree / Diploma** | **Institution** | **Year** |
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| **EMPLOYMENT RECORD [Starting with the most recent]**  **Employment Experience to be detailed in the CV. Please attached a detailed CV** | | | |
| **From** | **To** | **Employer** | **Job Title** |
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| **REFERENCE LETTERS**  (Please note that one of the two referees must be an SAIP Member) | | | | | |
| **NAME & Position** | **Address** | **Telephone Number** | **Email Address** | | |
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| **Reference Letters from referees are attached on template provided** | | | | YES | NO |

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| **Declaration by Applicant** | |
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| 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 / MM / DD |
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Please request 2 of your referees to complete the attached Referee Report and submit together with your application

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**Application for Professional Physicist**

**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**

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| **CHARACTERISTIC** | **SCORE** | **COMMENTS \_ Mandatory** |
| Professional conduct |  |  |
| Scientific judgment |  |  |
| Quality of work |  |  |
| Attitude towards physics |  |  |
| Application of scientific principles and methods |  |  |
| Ethical standards |  |  |

**Recommendation**

**I recommend that the Applicant is registered / is not registered as a Professional Physicist.**

**Referee Details Mandatory to Fill**

**Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Occupation/Designation / Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you an SAIP Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature …………………………………………………………………… Date: ……………………………………..**