



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

Application for Certification as Professional Physicist

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

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**

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 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 <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 [Starting with the most recent]			
Employment Experience to be detailed in the CV. Please attached a detailed CV			
From	To	Employer	Job Title

REFERENCE LETTERS					
(Please note that one of the two referees must be an SAIP Member)					
NAME & Position	Address	Telephone Number	Email Address		
Reference Letters from referees are attached on template provided			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO				

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: YYYY / MM / DD

Please request 2 of your referees to complete the attached Referee Report and submit together with your application



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

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: