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| Graphic1 | **THE SOUTH AFRICAN INSTITUTE OF PHYSICS** |
| **Webpage:** <http://www.saip.org.za/> |
| **Postal Address**: PostNet Suite 165, Private Bag X025, LYNNWOOD RIDGE, 0040, South Africa |
| **Telephone:** 012 841 2655 /2627 | **Fax:** 086 6050871  **E-mail:** [info@saip.org.za](mailto:info@saip.org.za) |
| **Certified Designation**  **Application Form** |

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| **FOR SAIP OFFICE USE ONLY** | |
| **Approved**  **Professional Standards Committee Chairperson:**  **Signature:** | **Date approved:** Y Y Y Y / MM / DD |
| **Membership 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 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](mailto: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 |

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| **Category of Certified Professional Designation Applied for** | |
| **Tick** | **Designation Name** | |
|  | Certified Physicist (CPhys) | |
|  | Certified Industrial and Physical Science Technologists (CPhysTech) | |

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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**   1. **To be accepted as a Certified Physicist one must apply and be accepted as an SAIP Full member.** 2. **To be accepted as a Certified Industrial and Physical Science Technologists 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 🞏 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 SUMMARY**  **Please note:**   1. Start with the most recent employment record 2. Attach a detailed CV | | | |
| **From** | **To** | **Employer** | **Job Title** |
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| **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** | | |
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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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**Certified 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**

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| --- | --- | --- |
| **CHARACTERISTIC** | **SCORE** | **COMMENTS \_ Mandatory Please Complete this section fully justify the score citing relevant work experience one word answers will not be acceptable.** |
| 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 Certified Physicist / as a Certified Industrial and Physical Science Technologists

**Referee Details Mandatory to Fill**

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

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

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

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

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

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**Certified 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**

|  |  |  |
| --- | --- | --- |
| **CHARACTERISTIC** | **SCORE** | **COMMENTS \_ Mandatory Please Complete this section fully justify the score citing relevant work experience one word answers will not be acceptable.** |
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| Scientific judgment |  |  |
| Quality of work |  |  |
| Attitude towards physics |  |  |
| Application of scientific principles and methods |  |  |
| Ethical standards |  |  |

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

**Referee Details Mandatory to Fill**

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

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

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

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

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