

Employee Assistance Professionals Association of South Africa



INDIVIDUAL MEMBERSHIP AND DESIGNATION APPLICATION FORM- 2018 Employee Assistance Professionals Association of South Africa: EAPA-SA

SECTION A

This form must be completed by any individual working in the EAP field who meets the requirement for membership and certification under the existing professional category. This application form replaces the existing membership form and should be accompanied by other relevant documentation (as indicated below).

Maintaining industry recognised accreditations can provide numerous benefits, including improved career prospects and enhanced earning power. It is an undisputable fact that certifications are valuable for EA Practitioners and Professionals' career advancement. Not only can certifications help individuals differentiate themselves in the market place, but they also serve as an indicator to employers that a potential hire has the requisite skills to perform a specific job or service. Thus many employers support on-going learning and accreditation for their employees to develop a more skilled workforce. Therefore, certification can become a definite predictive criterion for successful job performance.

CRITERIA FOR EA PRACTITIONER	DETAILS
Educational Qualification(s)	3-years B-Degree in Behavioural / Social science, Higher Diploma in occupational nursing, B-Tech Occupational Health, B-Cur, Degree in HR.
Working experience	At least two years of EAP related experience
CRITERIA EA PROFESSIONAL	DETAILS
Educational Qualification(s)	Masters or PHD Degree in the relevant field, Statutorily Certified/ Registered to render therapeutic services.
Working experience	5 years working experience in the relevant field.
EA NON-PROFESSIONAL DESIGNATION.	DETAILS
This involves a category of members registered with EAPA-SA who do not belong to any of the two designations listed above nor registered with the statutory councils.	

FOR ALL CATEGORIES THE FOLLOWING IS ALSO APPLICABLE:

CPD points	20 – for renewal and maintenance of designation and membership
Adherence	EAPA-SA Code of Ethics and Standards
Fee	Full payment of membership – R 600 for individual and R 350 for student membership (proof of full time study to be attached)

PLEASE INDICATE IN THE TABLE BELOW THE DOCUMENTS ATTACHED WITH THIS APPLICATION

DOCUMENTATION ATTACHED	APPLICANT	FOR OFFICIAL USE
Curriculum Vitae		
Certified copies of all qualifications		
Copy of Statutory Council registration		
Certified copies of courses attended		
Proof of attendance of courses or presentations for CPD points (20)		
Receipt for payment (R 600 for individual and R 350 for student)		

PAYMENT DETAILS:

Bank: FNB

Account Number: 50841238807

Branch Code: 252145

VAT Number: 4290249004

Preferred Payment Methods: Electronic Payment or Bank Deposit

Chapter of Your Choice (Please tick next to your choice):			
Egoli (Johannesburg)		Nelson Mandela Bay	
Free State		Mpumalanga	
Ikhala (East London)		Northern Cape	
Jacaranda (Pretoria/Tshwane)		North West	
Kwazulu-Natal		Western Cape	
Limpopo		NB: Northern Cape and North West and Mpumalanga do not have chapters as yet	

SECTION B

A. PERSONAL INFORMATION				
EAPA-SA MEMBERSHIP NO.				TITLE
SURNAME				RACE
FIRST NAMES				GENDER
ID NUMBER				NATIONALITY
DATE OF BIRTH				EMPLOYER
				CURRENT POSITION
RESIDENTIAL ADDRESS				WORK TELEPHONE
				HOME TELEPHONE
				CELL PHONE
POSTAL ADDRESS	POSTAL CODE			E-MAIL ADDRESS
	POSTAL CODE			
HAVE YOU BEEN FOUND GUILTY IN A DISCIPLINARY HEARING?	YES	NO		ARE YOU A MEMBER OF ANY STATUTORY COUNCIL, BOARD OR PRIVATE ENTITY?
If you answered yes to the above please provide details				If you answered yes to the above please provide the details
B. CAREER PROMOTION/APPOINTMENT				
YEAR	PROMOTION/APPOINTMENT			
C. PROFESSIONAL DEVELOPMENT (Training or Courses)				
YEAR	INSTITUTION	COURSE PARTICULARS		DURATION OF TRAINING/COURSES (e.g. 3 days, / 2 weeks, etc.)
D. EDUCATIONAL QUALIFICATIONS				
List all relevant qualification applicable to the EAP field:				
YEAR	INSTITUTION	QUALIFICATIONS		
E. EXPERIENCE				
Please summarise your current and previous experience in relations to the EAP field.				

I certify that all the information supplied by me on this application/ statement is in all respects true and correct. Any misrepresentation can nullify this application. The EAPA SA Board reserves the right to accept/reject this application.

SIGNATURE:.....

DATE:.....

E-mail your deposit slip to: admin@eapasa.co.za for attention: Janine Naidoo

Processing of your registration/order will commence as soon as we receive your payment. You will be notified within 10 working days whether you have satisfied the criteria for membership/designation. Designations can only be awarded when the designation committee convenes during Board meetings.

EAPA-SA reserves the right to confer membership and designations.