



MEMBERSHIP APPLICATION FORM

NOTE TO APPLICANTS

The form must be completed in full. Include any additional information for consideration on a separate sheet of paper if necessary and attach all relevant certificates. Please print clearly in black ink.

CATEGORY OF MEMBERSHIP APPLIED FOR												
Fellow		Member		Intern								
Work environment	Private sector											
	Government											
BIOGRAPHICAL DETAIL												
Status	Surname	Names							Preferred Name			
Identity Number												
Country of birth						Citizenship						
ADDRESSES												
Name of Business												
Postal address											Postal code	
Physical address												
Suburb/ City											Postal code	
Home address												
Suburb/ City												
CONTACT INFORMATION												
Business phone						Business e-mail						
Cellular/Mobile						Business domain						

MILITARY AND RELATED SERVICE			
Which service?		Service period	
Last unit/ section		Position/rank on leaving	
EDUCATIONAL BACKGROUND			
Secondary school: Highest grade completed		Year completed	
Tertiary education			
Qualification	Major subjects	Name & location of academic institution	Date obtained
POLYGRAPHY TRAINING			
Name of institution			
Address of institution			
Length of course	weeks	From	To
Principal instructor			
Where the course was presented			
Polygraph equipment used during the course			
Number of tests done during course			
Did you complete a formal internship?			
How long was the internship?			
Number of tests done for internship?			
Are these tests open for inspection?			
Refresher/advanced courses or seminars attended			

POLYGRAPH EXPERIENCE				
Total number of tests conducted to date				
Type of tests conducted		Issue specific/ forensic	%	
		Pre-employment screening	%	
		Periodic screening	%	
Are these tests available for inspection?				
PLACES OF EMPLOYMENT OVER THE PAST 10 YEARS				
List all employment and periods of unemployment				
Month & Year		Name & address of employer	Position held	Reason for leaving
From	To			
PLACES OF RESIDENCE OVER THE PAST 10 YEARS				
Month & Year		Address/ Suburb/ City	Area/ Region/ Province	
From	To			
MEMBERSHIP OF RELEVANT ORGANISATIONS/ INSTITUTIONS				
Name of organization/ institution		Position held	From	To

CHARACTER REFERENCES

List 5 persons who know you well and can vouch for you (no relatives or family members).
The 1st reference must be a current SAPFED member.

Name	Relationship	Period	Telephone

DECLARATION

If you answer YES to any of the following, then provide details on a separate page

Have you ever been dismissed from any employment?	Y	N
Have you ever been asked to resign by your employer?	Y	N
Have you ever been expelled from any organisation or society?	Y	N
Have you ever been declared insolvent?	Y	N
Have you ever been arrested by the police or charged with any crime?	Y	N
Do you have a criminal record?	Y	N

I hereby confirm that all the information provided in this application form is correct. I consent to a member of the SAPFED Board of Directors making any enquiries necessary to verify the information provided.

I also undertake to comply with the SAPFED Constitution and Regulations and to refrain from any act or omission that could harm SAPFED, its members or the polygraph profession.

Signed at (place)	
On (full date)	
By (full names of applicant)	
Signature of applicant	
Witnessed by (name and signature)	