

Southern African Polygraph Federation

Membership Application

NOTE TO APPLICANTS

All items must be completed fully. Include any additional information for consideration on a separate sheet of paper if necessary. Please attach relevant certificates.

Type or print all answers

Class of Membership (Indicate with a tick)			
Full Member	<input type="checkbox"/>	Member	<input type="checkbox"/>
Intern Member	<input type="checkbox"/>	Retired Member	<input type="checkbox"/>
Honorary Member	<input type="checkbox"/>	Divisional Membership	<input type="checkbox"/>
Work environment/Sector	Private		<input type="checkbox"/>
	Government & Law Enforcement		<input type="checkbox"/>
	Other		<input type="checkbox"/>
Biographical Detail			
Status	Surname	Names	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aliases, Nicknames or Official Name Changes		<input type="text"/>	
Identity Number		<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	Citizenship	<input type="text"/>
Addresses			
Business address	Name of Business		<input type="text"/>
P. O Box	<input type="text"/>	Code	<input type="text"/>
Building & Number	<input type="text"/>	Street & Number	<input type="text"/>
Area	<input type="text"/>	Code	<input type="text"/>
Residential address	Street & Number		<input type="text"/>
Area	<input type="text"/>	Code	<input type="text"/>
Contact information			
Telephone work	<input type="text"/>	e-mail	<input type="text"/>
Fax	<input type="text"/>	Domain	http://www <input type="text"/>
Cellular/Mobile	<input type="text"/>	Telephone residence	<input type="text"/>

Military and related service

Service Period		Which service?	
Last unit/Department		Rank on leaving	

Educational

Secondary & Tertiary Education

Period		Name & location of institution	Graduate		Diploma/Degree
From	To		Yes	No	

Polygraph Training

Name of School						
Length of course in weeks		Training, from		To		
Is the course recognized by the APA?					Y	N
Principal instructor						
Full Physical address of School		Where was the course attended				
Polygraph equipment used during course		Number of tests done during course				
		Did you complete a formal internship			Y	N
		If yes, how many tests were conducted during internship?				
Are these tests open for inspection?					Y	N
Refresher/advanced courses or seminars attended						

Polygraph Experience

(*Figures required applicable only to examiners testing 6 months or less)

Total number of Tests conducted (All Applicants)		Total amount of hours spent conducting those Tests	
Type and number of Tests conducted	*Specific Issue		
	*Pre-employment		
	*Periodic		
	*Other		
Are these tests open for inspection	Y	N	If yes, furnish address
International applicants, are you in possession of a valid Polygraph Licence? If so, state details.			

Employment History

List all employment and periods of unemployment over last 10 years

Month & Year		Name & address of employer	Name of last immediate supervisor	Reason for leaving
From	To			

Miscellaneous

If you answer yes to any of the following, provide detail on a separate sheet

Have you ever been discharged from employment?	Y	N
Have you ever been asked to resign by your employer?	Y	N
Have you ever been expelled from any organization or society?	Y	N
Are you now or have you ever been a member of a crime syndicate or criminal gang?	Y	N
Are you now or have you ever been a member of a terrorist or radical political party	Y	N
Do you have a criminal record?	Y	N

Addresses during the last five years

Month & Year		Street & Number	Area	Region	Code
From	To				

Past & Present Membership of Organisations

Name & address	Type (social or professional)	Office held / holding	Membership	
			From	To

Character References

The 1st reference must be a present SAPFED member. Do not include relatives, former employers or persons outside the RSA. List 5 persons. (International applicants 1st reference must be a present APA member)

Name	Period	Address	Code	Telephone

