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 M	lemb	ership	o (Indica	ate	witl	na	tick)								
Full Member		Member									Т	_	_				
Intern Member		Retired Member															
Honorary Member				Divisior	nal I	Men	nbe	rshi	р								
			Private														
	onment/Sector		Government & Law Enforcement														
			Other														
Biographical Detail																	
Status Surname						Nar	nes	;				Pret	erre	erred Name			
Aliases, Nicknames or	Official Name Change	es															
Identity Number					Τ												
Country of birth				Citizens	ship)											
Addresses																	
Business address Name of Busine																	
P. O Box									Cod	е							
Building & Number				Street &	& N	umł	ber		1								
Area									Cod	е							
Residential address			Street 8	k Numbe	ər						_						
Area			Co						Cod	е							
Contact information																	
Telephone work	Telephone work e-ma				ail												
Fax	Dom				main <u>http://www</u> .												
Cellular/Mobile			Telephone residence														

Military and related service												
Service Pe	vice Period Which service?											
Last unit/Department Rank on leaving												
	Educational											
				Seconda	iry & Te	ertiary E	duca	ation				
Period Name & location of institution Graduate Diploma/Degree								aree				
					motitu							
From	То							Yes	No			
	<u> </u>			Ро	lygrap	h Traini	ing					
Name of Se	chool		_		_							
Length of c	ourse in we	eks		Tra	aining, from					D		
Is the course recognized by the APA? Y N								N				
Principal in	structor											
Full Physic School	al address o	of		Where was the course attended				se	-			
Polygraph equipment used during course Number of tests done during course												
i orygraph i	equipinent		y court	56								
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/a seminars a	advanced co	ourses or										
Serrinais a	llended		-									

	(*Fig	F ures required applica		Experience		nths or less)			
Total numbe		nducted		g					
(All Applican			*Spe	those Tests *Specific Issue					
			*Pre-	employmer					
Type and number of Tests conducted			*Peri	odic					
			*Othe	ər					
Are these tests open for inspection Y N If yes, furnish a									
International applicants, are you in possession of a valid Polygraph Licence? If so, state details.									
			Employm	ent History	,				
	Lis	t all employment and	d periods o	f unemplov	ment over las	t 10 vears			
	List all employment and periods of unemployment over last 10 years								
Month & Year Name & address of employer Name of immediate su									
From	То								
Miscellaneous									
	If you and	swer yes to any of	the follow	ing, provid	le detail on a	separate she	et		
Have you ever been discharged from employment?							Y	N	
Have you ever been discharged from employment?									
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	

		A	ddresses during	the last five y	ears			
Month a	& Year		Street & Number	Area		Region	Code	
From	То							
		Past &	Present Membe	rshin of Orga	nisations			
	0	1 451 0	Туре			1	Manalaa	1.1.
Name a	Name & address (social or			Office held	i / noiding	F	Members rom	To
			Character F	References				
T of c				D				
			SAPFED member nternational applic					
Nam	Name Period		Address			ode	Tele	phone

Statement

I, (full names), declare that I am the applicant named in this application and all attachments hereto. I declare that I am familiar with the contents of this application and said attachments and confirm the correctness thereof by authorizing the Southern African Polygraph Federation (SAPFED) or its lawful agent's permission to contact any individual, institution or organization to verify the correctness of facts as given in this application. I understand that any willful wrong information provided or omission of fact will constitute sufficient grounds for rejection of my application and or my termination of membership of the Southern African Polygraph Federation. I further agree to hold the Southern African Polygraph Federation or its members, examiners, officers and agents free from damage, liabilities or complaint by reason of any action taken in connection with this application.

I hereby agree to hold fully to the constitution of the association and to refrain from any act or omission that could harm the federation, its members or the polygraph profession.

Confirmation					
Signed at (place)					
On (full date)					
By (full names)					
Signature applicant					
Full address and telephone number					