

Employee Assistance Professionals Association of South Africa



INDIVIDUAL MEMBERSHIP AND DESIGNATION APPLICATION FORM- 2020 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 seeks membership and certification under the existing professional designation categories. 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.

INDIVIDUAL MEMBER	DETAILS
This involves a category of members working in the EAP field but who do not belong to any of the four designations listed below.	
CRITERIA FOR EA COORDINATOR DESIGNATION	DETAILS
Educational Qualification(s)	EAP related Diploma / Advanced Certificate at NQF Level 6/; Occupational Certificate at NQF Level 6/; Comparable qualification at NQF Level 6/ Comparable foreign qualification evaluated by SAQA and equivalent to a Level 6 qualification on the South African NQF
Working experience	At least 2 years demonstrable work experience within an Employee Assistance environment
CRITERIA FOR EA PRACTITIONER	DETAILS
Educational Qualification(s)	3-years B-Degree at NQF Level 6 in Behavioural / Social science, Higher Diploma in Occupational Nursing, B-Tech Occupational Health, B-Cur, Degree in HR
Working experience	At least three years of EAP related experience
CRITERIA FOR EA PROFESSIONAL	DETAILS
Educational Qualification(s)	Honours Degree at NQF level 7 in Health or Social Science and registered with a Statutory Council to render therapeutic services.
Working experience	5 years working experience in the relevant field.
CRITERIA FOR EA SPECIALIST	DETAILS
Educational Qualification(s)	EAP related Master's degree at NQF Level 9, Master's Degree (Professional) at NQF Level 9, Doctoral Degree at NQF Level 10, Doctoral Degree (Professional) at NQF Level 10 or a comparable foreign qualification evaluated by SAQA and equivalent to a Level 9 or 10 qualification on the South African NQF
Working experience	At least 5 years demonstrable leadership/senior management experience within Employee Assistance environment

FOR ALL CATEGORIES THE FOLLOWING IS ALSO APPLICABLE:

CPD points	Number of points as required for each Designation for renewal and maintenance of both 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)		Platinum (North West)	
Kwazulu-Natal		Western Cape	
Limpopo		NB: Northern Cape does not have a chapter 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?	YES NO
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.