

APPLICATION FORM CHECKLIST

Please submit the following documents with this Application Form (Mark with x)		For Office Use Only	
Application complete in full (Otherwise office will reject)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Certified copy of Identification Document	<input type="checkbox"/>	<input type="checkbox"/>	
3. Certified Copies of relevant Certificates and translated in English (where required)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Certified copies of relevant Professional Qualification	<input type="checkbox"/>	<input type="checkbox"/>	
5. Attestation by Proposers and Supporters (with verifying initials)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Report by Training Officer / Supervisor (Only requested for those with less than 5yrs experience otherwise provide a detailed CV) .	<input type="checkbox"/>	<input type="checkbox"/>	
7. Subsequent Experience (Attach detailed CV) .	<input type="checkbox"/>	<input type="checkbox"/>	
8. Organisation Tree (Showing chain of command and position in relation to immediate supervisor) .	<input type="checkbox"/>	<input type="checkbox"/>	

FOR OFFICE USE ONLY

Payment of Application Fee	Cash <input type="checkbox"/>	Deposit <input type="checkbox"/>	Cheque <input type="checkbox"/>						
Date of Receipt of Application	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>						Day	Month	Year
Day	Month	Year							
Amount Paid	Pula _____								
Receipt. No:	<input style="width: 150px;" type="text"/>								

AUTHORIZATION OF REGISTRATION (To be completed after Council Approval)

Category of Registration	Fellow <input type="checkbox"/>	Senior Member <input type="checkbox"/>	Honary Fellow <input type="checkbox"/>						
	Companion <input type="checkbox"/>	Member <input type="checkbox"/>	Graduate <input type="checkbox"/>						
	Affiliate <input type="checkbox"/>	Technician <input type="checkbox"/>	Student <input type="checkbox"/>						
	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>							
Date of Approval	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> </table>						Day	Month	Year
Day	Month	Year							