



MEMBERSHIP APPLICATION FORM

Personal information (use capital letters). (*) means important/mandatory information.

Name (s)*		Gender*	M		F		Other		
Surname *		Title*	Dr.		Mr.	Ms		Mrs.	Miss
Date of Birth*	Dd/mm/yy	ID Number/Passport*							
Country of origin*									
Mobile phone number* (put country code)	/								
Physical Address*									
Postal Address*									
Email*									
			Tick						
Application for which designation	Associate SHERQ Practitioner								
	Technical SHERQ Practitioner								
	Graduate Chartered SHERQ Practitioner								
	Chartered Fellow SHERQ Practitioner								
Qualification		Institution							
		Year							
Qualification		Institution							
		Year							
Current Job Title		Work Experience							
		Tick							
Socio economic status	Student								
	Unemployed								
	Employed								
	Retired								
Company name		Industry							
Work contact number		Work email							
Region*									
City/town*									
Signature*		Date*							



Upgrading your EIOSHP membership

All members who joined EIOSHP as Affiliate members and you would like to check whether you are eligible to upgrade your membership, please provide us with the following information.

- A good quality certified copy of the certificate or diploma of the qualification you have completed.

Please do not send your original certificates.

- Your CV, demonstrating your health and safety experience and showing how long you have worked in the profession.

Once you have become a member you will have an online CPD record that you can update.

We will request a CPD development plan before we make an upgrade recommendation.

Networks

Networking with peers is an important part of your development as an OSH practitioner or professional.

EIOSHP offers local and sectoral networks as part of your membership subscription. Our networks provide a variety of activities, from meetings and seminars, to site visits and webinars – all designed by volunteer committees to support your continued learning and development.

Please select a primary local network (branch or district) that you would like to be aligned with.

Mark with an (x)

Hhohho	<input type="checkbox"/>
Lubombo	<input type="checkbox"/>
Manzini	<input type="checkbox"/>
Shiselweni	<input type="checkbox"/>

Other:

(Specify).....
.....



Your signature and data protection

Code of Conduct, please read our Code of Conduct policy. By signing this form, you agree to be bound by the rules laid out in these documents. We reserve the right to refuse membership to, or cancel the membership of, anyone who doesn't meet the requirements of the Code of Conduct and privacy policy.

EIOSHP Privacy and Confidentiality Statement

In accordance with the Data Protection Act No. 5 of 2022, we will only use your personal data in connection with your contract with us and so that we can provide you with the agreed services. As a member of EIOSHP, you're agreeing to let us contact the universities or colleges where you gained your qualifications so that we can verify the content and standards of the courses you completed.

From time to time, we use and pass limited personal information to contracted third-party agents to perform specific tasks on our behalf (e.g. to promote and run our annual conference and to publish and mail EIOSHP Magazine). To provide you with membership services, we'll use your data to:

- let you know about member benefits and ask for your views
- administer your membership record
- provide details of your membership category and length of membership to prospective employers who ask us for this information
- send you governance, financial and other documentation
- send you mail from our subsidiary, EIOSHP Services Limited.
- Share job vacancies from our corporate partners.

Contact permission

Here at EIOSHP we take your privacy seriously and will only use your personal information to administer your membership account and to provide the products and services you have requested from us. However, from time to time we would like to contact you with details of other health and safety services and products from EIOSHP and its contracted agents. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you (mark with an (x)):

Post	<input type="checkbox"/>
Email	<input type="checkbox"/>
SMs	<input type="checkbox"/>

We only pass your details over to our third parties to enable you to receive the full benefits of your EIOSHP membership. We'll always treat your personal details with the utmost care and will never share them to other companies for marketing purposes.



EIOSHP

Eswatini Institute of Occupational Safety & Health Practitioners

Ensuring Excellence
In
Health & Safety

Please sign and date your application to:

- show that you've read, understood and accepted our Code of Conduct, and EIOSHP privacy policy
- confirm that the information you've supplied is accurate.

Signature	
Date	

EIOSHP BANKING DETAILS

BANKING DETAILS	
BANK NAME	FIRST NATIONAL BANK
ACCOUNT TYPE	Commercial Cheque Account
ACCOUNT NAME	Eswatini Institute of Occupational Safety and Health Practitioners (EIOSHP)
ACCOUNT No.	631 9769 8899
SWIFT CODE	FIRNSZMX
BRANCH CODE	281264