



MEMBERSHIP APPLICATION FORM

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

Personal Information

Full Name (s)* :

Country of Origin* :

Gender* : Male Female Other Title* : Dr. Mr Ms Mrs. Miss

Date of Birth* : ID / Passport* :
D D M M Y Y Y Y

Phone Number* : E-mail* :
Add country code e.g +268 76123 4567

Physical Address* :

Postal Address* :

Membership Application

Application for which designation : Associate SHERQ Practitioner Technical SHERQ Practitioner
 Graduate Chartered SHERQ Practitioner Chartered Fellow SHERQ Practitioner

Qualification : Institution :

Year :

Qualification : Institution :

Year :

Qualification : Institution :

Year :

Employment Details

Current Job	:	<input type="text"/>		
Work Experience	:	<input type="text"/>		
Socio economic status *	:	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	Company name : <input type="text"/>
		<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	Industry : <input type="text"/>
Work contact number	:	<input type="text"/>	Work email:	<input type="text"/>
Region*	:	<input type="text"/>	City/town*	<input type="text"/>
Signature*	:	<input type="text"/>	Date*	<input type="text"/>

Upgrading your EIOSHP membership

All members who joined EIOSHP as Affiliate members and you would like to check whether you are eligible to upgrade their 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) with which you would like to align.

- Hhohho Lubombo Other: (Specify):
- Manzini Shiselweni

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.
- hare 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.

- Post Email SMS

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.

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

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