

STUDENT APPLICATION

SURNAME		TITLE	
FIRST NAMES		GENDER	
POSTAL ADDRESS			
CELL PHONE		OTHER TELEPHONE	
NAME OF UNIVERSITY OR COLLEGE		YEAR OF STUDY (e.g. 1 st , 2 nd , 3 rd)	
FULL NAME OF CURRENT QUALIFICATION STUDY		NAME + PLACE OF CAMPUS	
CURRENT MODULES		FAVOURITE MODULE	
PERSONAL EMAIL ADDRESS (Provide at least one, as the e-copy of the certificate will be sent via email)		ALTERNATIVE EMAIL ADDRESS	
STUDENT NUMBER		NATIONALITY	
TWITTER NAME		FACEBOOK NAME	
DATE OF BIRTH		ID NO.	
YEAR IN WHICH YOU PLAN TO COMPLETE YOUR STUDIES (e.g. 2014)			
WHERE AND HOW WERE YOU INTRODUCED TO SABPP?			

Information below required for biographical and statistical reporting purposes only:

POPULATION GROUP	AFRICAN	COLOURED	INDIAN	WHITE
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EMPLOYMENT HISTORY (PART-TIME OR FULL-TIME)

COMPANY NAME (E.G. SPUR)	JOB TITLE (E.G. WAITER)	PERIOD OF EMPLOYMENT IN YEARS & MONTHS	EMPLOYMENT DATES (E. G. JAN 2012 – DEC 2012)	PLACE OF COMPANY (E.G. BHISHO)

PAYMENT OF FEES

Our Banking details:

SA Board for People Practices
First National Bank Johannesburg
Branch code: 250805
Account Number: 625 088 984 28

Proof of Payment attached: _____
Proof of Payment email: _____

Please use initials and surname



PROFESSIONAL DECLARATION TO BE SIGNED BY APPLICANT

- In keeping with the spirit of the [SABPP Code of Professional Conduct](#), I hereby attest that all information presented on this form are correct and complete, and that action can be taken against me if this is not the case.
- I attest to the fact that I am a full-time student studying HR Management/Industrial Psychology and I commit fully to my studies in preparing myself with the necessary knowledge, skills, attitudes, ethics and values to find employment and to keep up to date with all changes and developments in the field of HR required from HR professionals.
- I attest to the fact that no disciplinary finding has been made which indicates my incompetence, breach of ethical behaviour or misconduct. The Board reserves the right to make any enquiries or take action it deems appropriate or necessary. Should I not abide by all academic rules pertaining to discipline and ethics (e.g. plagiarism, cheating, or any form of illegal, unethical or criminal activity), I understand that the Head of Department at the institution will inform SABPP and request that I be blacklisted for not being allowed to register professionally with SABPP, and I realise the consequences thereof for struggling to find employment.
- I acknowledge that as far as my statement of experience, competence and skills is concerned, the burden of responsibility of proof that this is a true reflection of the situation is mine.
- I understand that all monies will immediately be forfeit and the application discarded if false information is found to have been supplied.
- I acknowledge that the Board may require further proof from me if needed, including an interview.
- I undertake to observe and be bound by the provisions of the Charter, and Regulations of the SABPP.
- I undertake to abide by the prescribed code of professional conduct of SABPP.
- I make a [personal professional commitment](#) to the HR profession, and ethical standards and to excellence as part of my studies, conduct and preparation to become an HR professional on completion of my studies. I extend this commitment to all part-time or full-time employment, internships, or any other related activities such as visits to organisations, exhibitions or conferences.
- I commit to inform SABPP of the results of my studies (academic statement and certified copy of certificate of qualification) on successful completion of my qualification and then to register formally as an HR candidate with SABPP within one month of graduation.
- I agree to pay the annual renewal fees.
- I agree to receive, read and internalise electronic and other forms of communication from SABPP and to utilise this information as part of my studies.
- I will update SABPP of all changes to my address, employment status and other personal contact details, and I will add reference to "Student Registration with SABPP" to my CV.
- Scan and email/ fax this form alongside proof of payment, certified copy of I.D and Student card to SABPP (students@sabpp.co.za / 011 482 4830)**

SIGNATURE: _____ **DATE:** _____