



ASCHP Quick Evaluation Form

Email: info@aschp.net

Tel: 082 907 4327 (no sms) Fax: 086 632 5232

Website: www.aschp.net

P.O Box 14189, Sinoville, 0129
(Postnet Derdepark)

Complete and email to info@aschp.net. Please note that there is an evaluation fee of R170 to be made out to the ASCHP when issuing this quick evaluation form before we can determine the relevant designation.

Personal information

Title: (Mark with an X)		PROF	DR	MR	MRS	MISS	MS	
Surname:			Maiden name: (include a certified copy of marriage certificate):					
First name(s) as per South African ID or foreign passport:								
Please attached certified copy of ID			ID No					
Date of Birth	Y	Y	Y	Y	M	M	D	Passport number if not South African citizen
Nationality:	South Africa	Namibia	Swaziland	Zimbabwe	Other:			
Gender: M/F	Marital status:			Preferred language:				
Home language:	Afrikaans	English	isiNdebele	sePedi	seSotho	seTswana	siSwati	
	tshiVenda	isiXhosa	xiTsonga	isiZulu	Sign Lang.	Other:		

Are you a member of the CCSA/NHA? Mark with an X where applicable	CCSA	Membership Number:	NHA	Membership Number:
I am upgrading my membership (Mark with an X)	Yes	No		

Contact details:

Tel:	Fax no:	Mobile:
Email:		

Academic qualifications:

Please fill in the details of all academic qualifications relevant to this application and **attach certified copies plus academic transcripts.**

ALL RELEVANT Degree(s) or Diploma(s)	Major Subjects	Year completed	Institution where degree/diploma was obtained

