

## APPLICATION TO REGISTER AS AN INDUSTRIAL RADIOGRAPHER (X-RAY RADIOGRAPHY)

1. SURNAME OF APPLICANT:

\_\_\_\_\_

2. FIRST NAMES:

\_\_\_\_\_

3. DATE OF BIRTH:

\_\_\_\_\_

4. IDENTITY NUMBER:

\_\_\_\_\_

5. CONTACT DETAILS:

Cell No

Email:

\_\_\_\_\_

6. SABS IDENTIFICATION NO :

\_\_\_\_\_

7. EDUCATIONAL QUALIFICATIONS **(Certified copies of certificates/diplomas in X-Ray Radiography must be attached.)**

Name of Technicon/Institution	Date		Diploma/Certificate obtained
	From	To	

8. EXPERIENCE IN THE FIELD OF X-RAY RADIOGRAPHY **(Certified proof of employment must be attached.)**

Employer	Period (Months, Years)		Under supervision of (name of authorised Industrial Radiographer)
	From	To	
<b>Total number of hours practical training:</b>			

9. ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT


10. I declare that the information given above is true and correct:

SIGNATURE OF APPLICANT:	DATE:
NAME (PLEASE PRINT):	DESIGNATION: