APPLICATION GUIDE FOR LEGAL KNOWLEDGE IN OCCUPATIONAL HYGIENE SHORT LEARNING PROGRAMME (AAAC563)

FACULTY OF HEALTH SCIENCES

POTCHEFSTROOM CAMPUS OF THE NORTH-WEST UNIVERSITY





® YUNIBESITI YA BOKONE-BOPHIRIMA NOORDWES-UNIVERSITEIT

Legal Knowledge in Occupational Hygiene Short Learning Programme

According to the Department of Labour's (DoL) criteria for Approved Inspection Authorities (AIA's) personnel involved in the regulated services of an AIA (i.e. Occupational Hygienists, Occupational Hygiene Technologists and Occupational Hygiene Assistants) must hold a valid and acceptable legal knowledge certificate. Individuals who were granted exemption by DoL will be afforded 6 months to comply.

The North-West University (NWU, Potchefstroom Campus) along with four other tertiary institutions, Cape Peninsula University of Technology (CPUT), Durban University of Technology (DUT), Nelson Mandela Metropolitan University (NMMU) and the University Of Pretoria (UP) are recognised by the DoL as authorised training providers for the Legal Knowledge Certificate.

Prescribed Short Learning Programme Content:

The Occupational Health and Safety Act (Act 85 of 1993) and the following Regulations will be covered:

- Asbestos Regulations
- Hazardous Chemical Substances Regulations
- Regulations for Hazardous Biological Agents
- Environmental Regulations for Workplaces
- Lead regulations
- Noise-induced Hearing Loss Regulations and SANS 10083
- Facilities regulations
- General Safety Regulations (Confined Spaces and Intrinsically Safe Equipment)
- AIA DoL Registration requirements and process, SANS 17020

NWU Legal Knowledge in Occupational Hygiene Short Learning Programme

Date: Monday 17 April 2017 - Saturday 22 April 2017

A welcoming session will start at 08:45, Monday 17 April 2017, Crista-Galli Venue, Potchefstroom. It is recommended to arrive 15 minutes earlier (08:30) on Monday morning. The contents of the course will be presented from Monday 17 April 2017, 9:15 to 22 April 2017. On completion of the course, a written examination will take place on Saturday 22 April 2017 from 08:00 to 11:00. This 150 mark paper will consist of multiple choice questions (50 marks) as well as essay questions (100 marks).

A minimum mark of 50% must be obtained to pass this Short Learning Programme and to receive a Certificate.

Cost: R7900- (VAT Excl)

This includes study materials, morning and afternoon teas and lunches (Monday to Friday). The course is limited to the first 35 registrations received. Please note that all course fees has to be **paid in full by 10 April 2017.**

Venue for course:

Crista Galli Venue (R501 Thabo Mbeki Road, Potchefstroom) GPS coordinate: S26°40.413 E27°06.332

Venue for examination:

NWU, Potchefstroom Campus Building F12 (Physiology) 11 Hoffman Street Potchefstroom GPS coordinates: S26° 41.206 E27° 5.503

A route map to the Potchefstroom Campus and campus map can be found at: <u>http://www.nwu.ac.za/node/6113#pc</u>

Accommodation:

A list of hotels and guest houses in Potchefstroom can be found at: <u>http://www.potchefstroom.co.za/accommodation/acc_guest_houses.html.</u> Based on feedback from previous course delegates the following guesthouses and hotels may also be contacted:

- Ancient Emperors Guest House
- Gracias Guest House
- Kumkani Lodge
- Bailie Manor

Application process:

- 1. Fill in the following three documents:
 - a. Short learning program (SLP) application form (pages 4 6).
 - b. Memorandum of agreement (page 7).
 - c. Application form for invoice (pages 8 9).
- 2. Scan and e-mail the documents to <u>fritz.eloff@nwu.ac.za</u>or roxanne.cornellissen@nwu.ac.za

Disclaimer

- Please note that should there be less than 15 applications 10 days before the course date, the course will be cancelled and fees refunded to those who have already paid.
- You will not be allowed to attend the course if your payment does not reflect on our system therefore please verify if payment has been received before attending the course.
- Any specific dietary requirements must be clearly stipulated on the application form under the designated heading.
- Completion of the Memorandum of Agreement form, relating to payment for the short learning programme, is also compulsory.
- If an invoice is required for payment, the invoice application form should also be completed.

For any enquiries please contact: Prof. Fritz Eloff 018 299 2442 or 018 299 2079 E-Mail: fritz.eloff@nwu.ac.za



FAKULTEIT VAN GESONDHEIDSWETENSKAPPE / FACULTY OF HEALTH SCIENCES

KORTLEERPROGRAM (KLP) AANSOEKVORM / SHORT LEARNING PROGRAM (SLP) APPLICATION FORM

Privaatsak/Private Bag X6001, Potchefstroom, 2520 Tel: +27 18 299 2441 Faks/Fax: +27 87 230 1925 E-pos/Email: Roxanne.Cornellissen@nwu.ac.za

INSTRUKSIES/INSTRUCTIONS:

- Voltooi die vorm volledig in blokletters/Complete this form fully in block letters.
- 'n Goedkeuringsbrief sal aan u gestuur word sodra u aansoek goedgekeur is/a letter of confirmation will be send to you, once your application has been approved.

STUDENTE NOMMER (vir kantoorgebruik) / STUDENT NUMBER (for office use): ____

KURSUSNAAM/COURSE NAME:	Legal Knowledge for Occupational Hygiene						
KURSUSDATUM/COURSE DATE:							
INLIGTING VAN STUDENT WAT KORTI PROGRAM	LEERPROGRAM GAAN BYWOON/INFORMATION OF STUDENT WHO WILL BE ATTENDING THE SHO	<u>RT LEAF</u>	<u> </u>				
VAN/SURNAME:	TITEL/TITLE:						
VOLLE NAME/FULL NAMES:	VOORLETTERS/INITIALS:						
NOEMNAAM/PREFERRED FIRST NAME:	GESLAG/GENDER:						
IDENTITEITSNOMMER/IDENTITY NUMBER (Of PASSPOORT NR./Or PASSPORT NR.):	TAAL/LANGUAGE:	TAAL/LANGUAGE:					
SPESIALE DIEËTVEREISTES/ SPECIAL DIETARY REQUIREMENTS:	GESTREMDHEID/DISABILITY:	JA YES	NEE NO				
KONTAKBESONDERHEDE / CONTACT DETAILS							
POSADRES**/POSTAL ADDRESS**:							
	POSKODE / POSTAL CODE:						
	POSKODE / POSTAL CODE.						
HUISADRES/HOME ADDRESS:							
WERKS/WORK TEL:	HUIS/HOME TEL:						
FAKS/FAX:	SELFOON/CELLPHONE:						
E-POS/E-MAIL:							

* Ek verklaar hiermee dat al my gegewens op hierdie vorm waar en korrek is. Ek aanvaar al die terme en voorwaardes hierin. * I declare that all the particulars furnished by me on this form are true and correct. I hereby accept all the terms and conditions. **Indien die eksamen geslaag word sal die sertifikaat na die adres gepos word. / If the exam is passed the certificate will be mailed to this address.

KWALIFIKASIE / QUALIFICATION

HOOGSTE KWALIFIKASIE/ HIGHEST QUALIFICATION:	JAAR VOLTOOI/ YEAR COMPLETED:
INSTITUUT/INSTITUTION:	STUDENTE NR/STUDENT NR:

WERKGEWER BESONDERHEDE/ EMPLOYER DETAILS

MAATSKAPPY/COMPANY:						
POSBENAMING/POSITION HELD:						
ADRES/ADDRESS:						
Г						
L						
[POSKO	DE/POSTAL CODE:		
PERSONEELNR/PERSONNEL NR:						
SAIOH REGISTRASIE / SAIOH REGISTRATION						
GEREGISTREER BY SAIOH AS: / REGISTERED SAIOH AS:	WITH	Occupational Hygiene Assistant	Occupational Hygiene Technologist	Occupational Hygienist		
SAIOH NOMMER / SAIOH NUMBER:						
BETALINGSBESONDERHEDE/PAYMENT DETAILS PERSOON EN/OF INSTITUUT VERANTWOORDELIK VIR REKENING/PERSON AND/OR INSTITUTION RESPONSIBLE FOR ACCOUNT						
INSTITUUT NAAM/INSTITUTION NAME:						
KONTAKPERSOON/CONTACT PERSON:	POSISIE/POSITION:					
WERK/WORK TEL:		FAKS/FAX NR:				
E-POS/EMAIL:						

Ek bevestig hiermee dat die inligting op hierdie vorm verskaf korrek is en aanvaar die voorwaardes vervat in hierdie inskrywings vorm. Ek aanvaar persoonlik verantwoordelikheid vir die betaling van die relevante gelde soos en wanneer nodig.

I hereby confirm that the information supplied on this form is correct and that I have read and agree to the conditions stipulated on this enrolment form. I accept personal responsibility for payment of the relevant fees as and when required.

HANDTEKENING/SIGNATURE

DATUM/DATE

* Ek verklaar hiermee dat al my gegewens op hierdie vorm waar en korrek is. Ek aanvaar al die terme en voorwaardes hierin. * I declare that all the particulars furnished by me on this form are true and correct. I hereby accept all the terms and conditions. **Indien die eksamen geslaag word sal die sertifikaat na die adres gepos word. / If the exam is passed the certificate will be mailed to this address.



SFD005e

DATE:

ITEM CODE:

INVOICE NR:

PLEASE COMPLETE THE APPLICATION FORM FOR EVERY INVOICE, EVERY NEW CUSTOMER (DEBTOR) OR THE UPDATING OF AN EXISTING DEBTORS DETAILS:

Customer:	
If an organisation, the registered name:	
If an <u>individual</u> , the surname, initials and the full first name:	
Customer VAT number:	
Customer registration number:	
Customer ID number:	
Customer Passport number:	
Customer Birthday:	
Customer Postal Address:	
Customer full street address:	
(Domicilium citandi et executandi)	
Customer/Debtor's number at NWU: (If available)	
Previous Invoice number:	
(If available)	
Customer official order number:	
Is this invoice issued in terms of a signed contract or written agreement?	
(If so, please attach copy thereof or alternatively use the NWU's standard Memorandum of Agreement)	
Customer's account dept. contact person:	Page 6 of
Customer's contact number of above person:	

NWU contact person:				
Customer telephone number:				
Customer fax number:				
Customer email address:				
Office use only				
Invoice amount VAT excluded?				
Invoice amount VAT included?				
Describe the service or items rendered: (Please complete the description in as much detail as possible. This is exactly what is going to appear on the invoice)				
OE Code (ex. 3310):				
Chart:				
Object:				
Account:				
Are you 100% sure that the above accounting string is linked on KFS?				
Item Code (if available):				
(If the item code does not exist yet, please contact Cornelia Pruis/Leana (JC) Wagner to create one)				
Faculty/Department/School/Unit:				
Name of person requesting the invoice:				
Telephone number of above person:				
Supervisor of the above person:				

It is very important to complete every field on the application form as all is required to create an invoice. If all fields are not completed the system will reject the transaction.

Compliance to the Financial Intelligence Centre Act. No. 38 of 2001. as amended (FICA)

When the client is a South African organisation, the SARS VAT registration number is required and the name as displayed on the proof of registration will be used. If the organisation is not registered for VAT, the organisation's registered name would be used. When the organisation is a foreign entity, the registered name would be used. In all cases proof of registration and VAT are a prerequisite.

When the client is a natural person and a South African citizen, a copy of their ID is needed. A valid South African driver's licence or a valid South African passport is an acceptable alternative. If the client is a foreign person then we need a copy of their valid passport or proof of date of birth if no passport is available