

# Membership Application

**NOTE TO APPLICANTS**

All items must be completed fully. Include any additional information for consideration on a separate sheet of paper if necessary. Please attach relevant certificates.

Type or print all answers and email to [info@satvc.org](mailto:info@satvc.org)

**Applicant Details**

Title	Mr	Ms	Dr	Prof	Other
Surname					
Full Names					
Identity No					
Alias(es) Nickname(s) or change in name (other than by marriage)					
Date of Birth	Day	Month	Year		
Place of Birth		Passport No			
Telephone Home	Business	Mobile Phone No		Fax	
Residential Address:		Postal Address <small>OR indicate whether residential OR business address to be used</small>			
Business Address: <small>(If not self-employed, indicate name and address of employed, if self-employed indicate name of business)</small>		E-mail			
		Website			

**Educational**

**Secondary & Tertiary Education**

Period		Name & location of institution	Graduate		Diploma/Degree
From	To		Yes	No	

**Polygraph Training**

(attach copy of certificate or letter of completion)

Name of School		Principal Instructor: (list full address)			
Length of training:	Weeks:	Hours:			

# Membership Application

Graduation date						
Equipment currently using:						
Specialised/ Continuing Education/ Refresher or Seminars Attended After basic Training: (A copy of diploma/certificate/transcript(s) must be attached)						
Date	Type/Title	Written Exam		Hours	Instructor	
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
Number of tests conducted						
Employment History						
<i>List all employment and periods of unemployment over the last 5 years</i>						
Month & Year		Name & address of employer	Name of last immediate supervisor		Reason for leaving	
From	To					
Miscellaneous						
<i>If you answer yes to any of the following, provide detail on a separate sheet</i>						
Have you ever been discharged from employment?					Y	N
Have you ever been asked to resign by your employer?					Y	N

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Have you ever been expelled from any organisation or society?	Y	N
Do you have a criminal record?	Y	N

### Addresses during the last five years

Month & year		Address
From	To	

### Past & Present Membership of Organizations

Name & address	Type (social or professional)	Office held / holding	Membership	
			From	To

### Character References

Do not include relatives or former employees

Name (Must provide at least five)	Period	Address	Telephone



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## Statement

I, (full names) ....., declare that I am the applicant named in this application and all attachments hereto. I declare that I am familiar with the contents of this application and said attachments and confirm the correctness thereof by authorizing the South African Truth Verification Council (SATVC) or its agent's permission to contact any individual, institution or organization to verify the correctness of facts as given in this application. I understand that any wilful wrong information provided or omission of fact will constitute sufficient grounds for rejection of my application and or my termination of membership of the South African Truth Verification Council (SATVC). I further agree to hold the South African Truth Verification Council or its members, examiners, officers and agents free from damage, liabilities or complaint by reason of any action taken in connection with this application.

I hereby agree to hold fully to the constitution of the council and to refrain from any act or omission that could harm the council, its members or the polygraph profession.

## Confirmation

Signed at (Place)	
On (full date)	
By (full names)	
Signature applicant	
Full address and telephone number	