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2160



FGASA MEMBERSHIP RE-REGISTRATION FORM (2019)

(For individuals 18 years and older whose membership has lapsed over the last 18 months)

Please take note that there is a **FGASA membership form** and a **CATHSSETA registration form**. You must complete **BOTH** for processing to take place.

PLEASE FILL IN THE FORM PROPERLY BY:

- Completing all sections of the form **CLEARLY** in **CAPITAL OR block letters** (Illegible forms will NOT be processed). If you are international but are LIVING in SA, please tick the SA block.
 - Signing the form including the Code of Conduct section.
 - Attaching to the form your **proof of payment**. International payments - **ALL** bank charges are to be for **YOUR** account.
 - Attaching to the form your **certified copy of ID or passport**.
 - Attaching to the form your valid First Aid certificate if you already have one (required for FGASA qualification).
 - Emailing a recent Jpeg photo or attaching to the form a passport size photo for your membership card.
 - You need to register as a member with FGASA at least **TWO** months before being allowed to write an exam.
 - Exam fees are **NOT** included in the registration fee. Please see separate exam application form.
 - When making a payment/deposit **CLEARLY state your name** so that your payment can be located on the bank statement.
- Annual subscription fees are payable 1 year from registration date, otherwise membership **will no longer be valid**, and a R20 levy per every month expired will be charged.

RENEWAL FEES	SOUTH AFRICAN	INTERNATIONAL	SADC
Registration + Annual Subscription fee	R990.00	R1120.00	R1120.00
Exam fee (See separate exam application form)	R550.00	R550.00	R550.00

BANKING DETAILS: FIRST NATIONAL BANK Branch 260 231 / ACC NUMBER: 6249 6791 346
SWIFT CODE: FIRNZAJJ (international payments only)
International payments only - **ALL BANK CHARGES TO BE FOR YOUR ACCOUNT.**

IMPORTANT:

- PLEASE ATTACH A CERTIFIED COPY OF YOUR **ID DOCUMENT OR PASSPORT** (Not older than 3 months)

THE FGASA CODE OF CONDUCT

All individuals wanting to become a member are required to sign the FGASA Guiding Principles and Code of Conduct indicating they will endeavour to abide by and uphold these principles.

I _____ hereby agree to subscribe to and uphold the FGASA Code of Conduct as indicated in the Company Memorandum of Incorporation.

(See FGASA Website for full details of the FGASA Code of Conduct)

Learner Initials	Provider Initials	Employer Initials
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NOTE ON POSTAGE

THE POSTAGE FEE IS FOR INITIAL POSTAGE OF THE NEW MEMBER PACK STUDY MATERIAL. THE SUBSEQUENT POSTAGE OF MEMBERSHIP CARDS AND CERTIFICATES IS NOT INCLUDED. THESE WILL BE POSTED TO YOUR CLOSEST POSTNET ONCE YOU HAVE PAID THE RELEVANT POSTNET FEE.

CERTIFICATES AND MEMBERSHIP CARDS CAN ALSO BE KEPT AT THE FGASA OFFICE FOR COLLECTION, OR COLLECTED FROM THE HOEDSPRUIT AND PE OFFICES UPON REQUEST

IMPORTANT

ALL MEMBERS ARE TO COMPLETE THE FOLLOWING CATHSSETA LEARNING PROGRAMME AGREEMENT

EXPLANATION FOR COMPLETING THE CATHSSETA REGISTRATION FORM

The FGASA membership application form has been modified to include the CATHSSETA required registration form (letter of intent).

This form is relevant for all new members and for any member embarking on or having already completed a CATHSSETA accredited skills programme offered by FGASA.

Section 1 Learner details

CATHSSETA requires all these details to be completed for their own statistical purposes. FGASA will populate its own database with the relevant details from this section.

Section 2 & 3 Employer details

Indicate in the relevant box if you are currently employed or not.

Only complete the rest of this section if you are currently employed.

Section 4 Training Provider Details

This section has already been completed by FGASA given that FGASA is the accredited training provider with CATHSSETA.

Section 5 Skills Programme Details

1. Select the skills programme you are starting and mark it by means of a ✓ next to the relevant skills programme.
New members will either do the Nature Site Guide (NQF2) or the Culture Site Guide (NQF4).
2. If you are already qualified with the FGASA Field Guide (NQF2) qualification (Nature Site Guide NQF2) and you are doing the FGASA Trails Guide (Nature Site Guide Dangerous Game Areas NQF2 or NQF4) then you need to indicate this.
3. If you have already completed the relevant FGASA skills programme and have received your CATHSSETA certificate, then Leave the dates blank.

Section 6 Signatories

All relevant signatures and dates must be completed. If you are not employed the Employer signature section is left blank. A FGASA representative will sign the Training Provider section.



Provider/Employer/CATHSSETA Skills Programme

Agreement Checklist

(Completed document to be attached to learner agreement)

Learner Details:

Socio Economic Status: 18.1 18.2

A learner who is currently employed by the employer is termed an 18.1
A learner who is currently unemployed, is termed an 18.2 Learner

SETA FUNDED

INDUSTRY FUNDED

Surname _____ Names _____

ID#

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A	Workplace Based Learning Programme Checklist (Attach to learner agreement)	Employer/ Provider		CATHSSETA		Comments
		YES	NO	YES	NO	
ITEM	Learner Names and Surname:					
1	Employer submitted the original Agreement to the SETA.					
2	All parties have initialed each page					
3	Agreement is fully completed in black ink					
4	Learner, Employer, and Provider/ Institution details are completed in full					
5	All parties to the agreement have signed					
6	Ensure all fields that are not applicable are marked "N/A" (Do not leave empty spaces)					
7	The agreement is signed by all parties prior to the start date of the programme and all parties initialed where errors are scratched out					
B. Attachments to the agreement						
8	<i>Clear and legible certified</i> ID Copy attached to each agreement					
C. Hard Copy Registration (For CATHSSETA office use only)						
9	A copy of the registered agreement is returned to the Employer					
10	SETA copy of agreement is filed and electronic record of filing kept					
Checklist completed by company/provider representative (Full name):		Print Full Name				Signature
Checklist completed by CATHSSETA Representative (Full Name):		Print Full Name				Signature
SMS Registration completed by CATHSSETA Representative (Full Name):		Print Full Name				Signature

Learner Initials	Provider Initials	Employer Initials
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INDUSTRY FUNDED SKILLS PROGRAMME LEARNER AGREEMENT

PART A: DETAILS OF SKILLS PROGRAMME AND PARTIES TO THIS AGREEMENT

1. Learner details

1.1 Full name and Surname: _____

1.2 Identity number: _____

1.3 Age: _____ Date of Birth: ____/____/____

1.4 Gender: Male Female

1.5 Race: African Indian

Coloured White

1.6 Do you have a disability, as contemplated by the Employment Equity Act 55 of 1998¹

Yes (specify): _____ No
(Specify and attach Proof of the disability)

1.7 Home Language

1.8 Citizenship: _____

1.9 Residential address: _____

1.10 Local/District Municipality: _____

1.11 Last High School Attended: _____ Year _____

1.12 Area of Last School Attended _____

1.13 Province: _____

1.14 Urban/Rural: _____

¹ The Employment Equity Act defines a disability as a long-term or recurring physical or mental impairment which substantially limits prospects of entry into, or advancement in employment.

Learner Initials	Provider Initials	Employer Initials
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1.15 Postal address (if different from above): _____

Closest Postnet : _____

1.16 Telephone number (home and work): _____

Cellphone: _____

1.17 E-mail address: _____

2. **Employed Learner** Yes No

(If employed complete below)

2.1 Name of employer: _____

2.2 Occupation: _____

3. Employer details

3.1 Name of employer: _____

3.2 Physical address: _____

3.3 Employer GPS Coordinates: _____

3.4 SDL number (if applicable): _____

3.5 Name of SETA with which registered: _____

3.6 Name of contact person: _____

3.7 E-mail address: _____

Learner Initials	Provider Initials <i>WUP</i>	Employer Initials
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4. Training Provider details

4.1 Legal name of training provider: THE FIELD GUIDES ASSOCIATION OF SOUTHERN AFRICA

4.2 Trading name (If different from above): SAME AS ABOVE (FGASA)

4.3 Business address: 343 Surrey Avenue, Ferndale, Petrob House, 5 Floor, East wing

4.4 Postal address: Postnet Suite 27, Private Bag X4006, Ferndale, 2160

4.5 Name of contact person: Bridget Thobejane

4.6 Telephone number: 011 – 886 8245

4.7 Fax number: 011 – 886 8084

4.8 Email address: cathsseta@fgasa.org.za

4.9 Are you a **Public** or **Private** Training Provider?

SDL number if applicable: L670733759

4.10 Name of SETA where Skills programme resides: CATHSSETA

4.11 Name of SETA where Training Provider is accredited: CATHSSETA

4.12 Accreditation number: 613/P/000004/2004

4.13 Accreditation review date: _____

5. Skills Programme Details

Name of Skills Programme	[✓]
Nature Site Guide (NQF2) (40 Credits)	
Nature Site Guide (NQF4) (32 Credits)	
Nature Site Guide Dangerous Game Areas (NQF2) (55 Credits)	
Nature Site Guide Dangerous Game Areas (NQF4) (47 Credits)	
Culture Site Guide (NQF4) (34 Credits)	
Start Date of Actual Training	
End Date of Training	

Learner Initials	Provider Initials <i>WDP</i>	Employer Initials
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Duration of Skills Programme	
Training NQF Level	
Number of Credits	
Occupation or OFO code Skills Programme is directed towards. E.g. chef, tour guide etc.	Tourist Guide

6. Protection of personal information:

6.1 By signing this agreement :

6.1.1 I hereby acknowledge that in compliance with the applicable legislation and specifically the Protection of Personal Information Act 2013, Act 4 of 2013 (POPI), CATHSSETA might be required to review, process, divulge and or share personal information with third parties or affiliates for purposes of this agreement.

6.1.2 I hereby give consent for the processing of personal information to CATHSSETA and CATHSSETA affiliates, to process such personal information for the purposes related to this agreement in line with POPI.

6.1.3 I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information in terms of POPI and hereby give my unconditional consent to CATHSSETA to collect, process and divulge relevant personal information in line with POPI.

6.1.4 I hereby indemnify CATHSSETA and CATHSSETA affiliates against any claims whatsoever relating to the processing of personal information in terms of this agreement.

7. Signatories

Learners signature: <hr/> Date: _____	Employer signature <hr/> Date: _____
Training Provider signature <hr/> Date: _____	

FOR OFFICE USE ONLY	
Name of CATHSSETA Official:	_____
Signature:	_____

Learner Initials	Provider Initials <i>WVDP</i>	Employer Initials
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