



Southern African Gas Association NPC
 PostNet Suite 141
 Private Bag X04
 Fontainebleau
 2032

Tel: +27 (0) 11 431 2016
 Fax: +27 (0) 86 525 3415

APPLICATION FOR FIRST TIME REGISTRATION AS A SPECIALISED NATURAL GAS PRACTITIONER

I hereby apply for registration as a gas practitioner in terms of the Occupational Health and Safety Act (No. 85 of 1993) and Pressure Equipment Regulation R734 of 15 July 2009

*NB: In the interest of speedy processing of your application, it is imperative that you complete all required fields and fully comply with the **SAGA Gas Practitioner Scope and Competency Policy (as amended)** being practitioner and industry criteria (publication is available on request or visit www.sagas.co.za).*

All information and proof provided comprises the applicants Portfolio of Evidence.

The following is to accompany this application:

1. Two (2) colour passport photo's - *endorsed on reverse side with own name and ID no*
2. Certified copy of valid ID or passport

Initials	
First name	
Surname	
ID no.:	
Self employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Tel	
Fax	
Cell	
Email	

EMPLOYER POSTAL ADDRESS		EMPLOYER STREET ADDRESS	
Address		Address	
Suburb / Town		Suburb / Town	
Province		Province	
Postal code		Postal code	

1. INDICATE WHICH JOB DESCRIPTION & FIELD OPTION IS APPLICABLE TO YOUR REGISTRATION (SASOL & EGOLI GAS REGISTRATIONS ONLY)

Job Description:

- | | | | |
|------------|--------------------------|-------------|--------------------------|
| Millwright | <input type="checkbox"/> | Artisan | <input type="checkbox"/> |
| Operator | <input type="checkbox"/> | Team Leader | <input type="checkbox"/> |

Field Option:

- | | | | |
|-----------------|--------------------------|------------|--------------------------|
| Mechanical | <input type="checkbox"/> | Electrical | <input type="checkbox"/> |
| Instrumentation | <input type="checkbox"/> | Production | <input type="checkbox"/> |
| Inspection | <input type="checkbox"/> | SHEQ` | <input type="checkbox"/> |

(Ensure your Line Manager/Supervisor is in agreement with the above)

RECOMMENDATION BY LINE MANAGER / SUPERVISOR:

I, Name: _____ Surname: _____ being the **Line Manager/Supervisor** (~~cross out which is not applicable~~) hereby confirm that the above registration categories are in line with the applicant's job description and as such recommended for registration.

Signature: _____ **Date:** _____

Email: _____ **Contact Number:** _____

2. QUALIFICATIONS (*Legible copies to be attached to application form*)

Secondary Education:		
Major Subjects		
Level Attained		
Period	From:	To:

Tertiary Education:		
Major Subjects		
Final Qualification		
Period	From:	To:

Apprenticeship/learnership served as		
Period:	From:	To:
Employer during apprenticeship/learnership:		
Other qualifications or achievements including training and/or specific skills courses attended:		

3. EMPLOYMENT HISTORY (*Chronological Order*)

Present Employer:

Period	From:	To:
Employer		
Type of business		
Position Held		

Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

Previous Employer:

Period	From:	To:
Employer		
Type of business		
Tel of business		
Position Held		

4. GAS EXPERIENCE (*Please take note of the required information and complete **Part A or B***)

4.1 Part A – Persons providing independent/sub contracted services to Users:

- *Description of the last 5 chronological gas piping and pipeline projects or installation work done during the period, including magnitude and scope, duties and level of responsibility of each installation as to piping; maintenance, modifications, repair and installations done*
- *Indicate the min/max pressure used during the period of installation.*
- *Under whose supervision did you work during the period of installation and provide proof of CoC's issued while under supervision.*
- *Design, inspection and supervision of projects as mentioned above.*
- *Projects to be listed and described in date order and **include contact reference details.***

4.2 Part B – Persons working on company internal pipelines e.g. Gas piping and pipeline installations, maintenance, repairs, alterations and/or inspection of work done during the period employed by the company, including magnitude, scope and level of responsibility for each installation

Detailed description of work done as required in either Paragraph 4.1 or 4.2 above:

NB: If space is insufficient, please continue on a separate sheet and add name, date and signature.

I hereby confirm that

1. **All the information included within this application is true and valid and that I will adhere to the registration requirements namely:**
 - a. **To complete the gas practitioner application in full.**
 - b. **Pass required course with an aggregate of 80%**
 - c. **Should there be any outstanding documentation needed for the processing of the application not received within 3 months of date of receipt of the application, it will be deemed null and void and I forfeit the full course and registration fee**

2. **I have also read and clearly understand the content of the following: (available on request or visit www.sagas.co.za)**
 - a. **SAGA Technical Regulation 1 of 2009 (as amended).**
 - b. **Antitrust Policy and Meeting rules**
 - c. **Code of Good Practice**
 - d. **Gas Practitioner Scope and Competency Policy**
 - e. **Terms and Conditions of Training**

3. **Kindly take notice that attendance and completion of the training course is not in itself sufficient to obtain registration as an authorised gas practitioner in one or more of the various categories of registration. Accordingly, it is imperative that you read and be guided by the SAGA Gas Practitioner Scope and Competency Policy with regards to all relevant and applicable registration requirements.**

4. **I may only perform work within the borders of South Africa as per the registered scope of my SAQCC Gas licence**

Name: _____ Signature: _____ Date: _____

Forward completed application to lerato@sagas.co.za or fax to 086 525 3415
