**APPLICATION FOR SORSA EDUCATION AWARD**

**PO BOX 701464**

**OVERPORT**

**4067**

**This award is available to members with suitable registerable qualifications and who have been paid-up full (ordinary) members of the SORSA for not less than four (4) consecutive years. Kindly consult guidelines for this award. i.e policy 4.1.13.**

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| --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Surname |  |
| Province |  | Date of membership |  | 4 or more consecutive years full paid up member?  | **YES** | **NO** |

**Name of course/programme: ………………………………………………………………………………**

**Duration of course/programme: ………………………… If relevant number of credits: ……**

Provide motivation for your application in terms of meeting the guidelines of impacting positively on clinical service in any category of radiography [if necessary use separate sheet of paper]. Motivation must be typed using font size 10.

**MOTIVATION**

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| I hereby acknowledge that I have read and understood the guidelines for this award. I will abide by any decision taken by National Council in making this award.  |
| Signature |  | Date  |  |

**Signed and dated application to reach the Administrative Office by 30 June**.