

APPLICATION - Annexure A:
TRADE ASSOCIATION MEMBERSHIP COMMITMENT & ACCEPTANCE

MEMBER INFORMATION

Main/Holding Company Name	
Registration Number	
Corporation / holding company with several separately CIPC registered entities?	If yes, add names & Registration Number below: (need company structure layout)
Name & Registration Number	
Name & Registration Number	
Name & Registration Number	
Representative Name & Surname	
Position/Title:	
Email:	

DECLARATION OF COMMITMENT

As a potentially registered / accepted Trade Association Member of the Institute for Work at Height (IWH), I/we hereby commit to the following obligations and conditions:

1 MEMBERSHIP STANDARDS AND COMPLIANCE

- Membership is subject to ongoing compliance with all relevant national and international legal, regulatory, and industry standards applicable to working at height.
- Only training conducted through IWH-recognised Professional Development Partners is valid for employee competency in work-at-height operations.
- All employees performing work at height must be IWH-registered practitioners or, in the case of new members, must be aligned with the phased compliance requirements. Where IWH registration is not yet achieved, employees must at minimum hold valid Statements of Results from relevant SETAs.
- We are required to support and implement IWH-approved best practices and continual professional development (CPD) in our operations.
- We shall report all work-at-height-related incidents, injuries, or fatalities directly to the IWH Trade Association through the official reporting procedure, regardless of severity or party at fault.
- We shall maintain a valid Letter of Good Standing with the Compensation Fund at all times during our membership.
- We take full responsibility to inform and update IWH promptly regarding any changes to our company details, including but not limited to company name, company registration number, contact information, and changes in designated representatives.



2 ZERO TOLERANCE FOR MISREPRESENTATION

- No Misrepresentation of Membership: We shall not falsely claim to be members or continue using IWH membership credentials if our membership has lapsed, been suspended, or terminated. We shall not alter or falsify membership certificates, registration numbers, expiry dates, or scope of certification.
- No Misuse of IWH Logos, Decals, or Stickers: We shall only use the IWH logo, decals, and stickers with explicit written permission and in accordance with the IWH Logo Policy. These items must not be modified, altered, or used in any misleading context. Decals and stickers may only be applied to company property (e.g., vehicles, laptops) and not to any equipment used in the work-at-height industry.
- No Misrepresentation of Scope: We shall only offer services that fall within our verified and approved IWH membership scope. Any expansion of services will be subject to an additional audit and formal extension of our membership certificate.
- No Misrepresentation of Employee Competence: We shall not claim employees are competent unless they are duly trained, found competent, and where required, registered with the IWH. Submitting unqualified personnel under the cover of IWH membership is strictly prohibited.
- Non-Members and Terminated Members: We shall not assist or associate with any company misrepresenting IWH membership or using fraudulent documents. We understand that doing so may result in our own suspension or termination.

3 ADDITIONAL DECLARATIONS

- Chamber Alignment: I/we acknowledge that the IWH consists of multiple chambers representing manufacturers, suppliers (sale or hire), and contractors for whom work at height is a core business activity. I/we will align our participation and compliance to the chamber(s) applicable to our operations.
- Conditional Membership and Practitioner Registration: I/we acknowledge that in cases where not all active employees working at height are registered IWH practitioners, we may be issued with a temporary 3-month Membership Certificate. During this period, we commit to sending these individuals for training through an IWH-recognised Professional Development Partner. We will submit proof of registration with the IWH within the specified period for the issuance of a full membership certificate valid for the remainder of the 12-month cycle.
- Chamber-Specific Compliance Commitments: I/we understand that final membership acceptance requires us to confirm our compliance in writing with the safety standards, codes of practice, and regulations applicable to the specific chamber(s) of the IWH that we are joining.
- Verification of Information: I/we confirm that all information submitted in our application, including employee and company documentation, is accurate and may be used by IWH for validation and audit purposes.

4 NEW MEMBER DOCUMENT REQUIRED:

Please ensure the following items are completed and submitted as applicable:



- Submit a valid **Letter of Good Standing** with the Compensation Fund.
- Provide up-to-date **company registration documentation**.
- Submit a valid **Tax Clearance Certificate**.
- Provide current **Public Liability Insurance** (minimum cover R 3,000,000.00).
- Provide an update **company profile** including the **company organogram**.

TRADE ASSOCIATION MEMBERS AS WELL

- Attach **three (3) client commendation letters** confirming behaviour on site, adherence to standards, and overall safety culture.

5 ACCEPTANCE

I/we confirm that we:

- Have received, read, and understood the relevant IWH policies.
- Accept and agree to abide by all requirements, procedures, and consequences outlined in the policies and this agreement.
- Acknowledge that non-compliance may lead to disciplinary action, including termination of membership, blacklisting, and/or legal action.
- Understand and agree to report any work-at-height-related incidents, injuries, or fatalities promptly.
- Notify IWH of any recent or future changes to:
 - Company name or structure
 - Contact information
 - Designated company representatives
- Ensure all employees actively working at height are Registered IWH practitioners.

Name & Surname		Signature:	
Place:		Date:	

APPLICATION - Annexure B:
COMPLIANCE WITH SAFETY STANDARDS

MEMBER INFORMATION

Company Name	
Representative Name & Surname	
Position/Title:	
Email:	

Please only complete the relevant chamber sections and strike through which are not applicable.

1. ALL CHAMBERS (To be completed by all applicants)

Requirement	Y/N/NA	Comments
Submit a company organogram with proof of competencies.		
Possess a Safety System, including Letter of Good Standing, legal appointments, training records, Working at Heights medicals, Fall Protection Plan (CR10), Risk Assessment, Method Statement, Safe Work Procedures, and Change Management Process.		
Have a competent Fall Protection Planner employed or under a formal SLA, formally appointed in writing. (provide proof).		
Each employee is issued with appropriate PPE and equipment identified in the Risk Assessment.		
Attach three (3) client commendation letters confirming behaviour on site, adherence to standards, and overall safety culture.		
Comply with all relevant legislation and up-to-date SABS/EN/ISO standards applicable to the scope of work.		

2. FALL PROTECTION CHAMBER

Requirement	Y/N/NA	Comments
Maintain two or more competent technicians per work team.		
Each employee is issued correct Fall Protection equipment.		
Each team possesses an appropriate rescue kit.		
All anchor lines and anchor points are compliant with applicable standards before being used.		
Comply with the OHS Act (85 of 1993), Construction Regulations, and relevant SANS standards.		

3. ROPE ACCESS CHAMBER

Requirement	Y/N/NA	Comments
Full-time or SLA Rope Access Supervisor is appointed.		

Requirement	Y/N/NA	Comments
Rope Access Supervisor is formally appointed in writing.		
Maintain minimum two competent technicians per work team.		
Understand worksite classification per ISO 22846-2.		
Each employee is issued a rope access kit suitable for tasks.		
Compliance with ISO 22846-1 & 2 and relevant SANS PPE standards.		

4. SCAFFOLDING (STEEL) CHAMBER

Requirement	Y/N/NA	Comments
Competent Scaffold Supervisor employed or SLA in place and appointed in writing.		
Appointed Scaffold Inspector or SLA in place.		
Sufficient, maintained equipment sourced from a reputable supplier.		
Scaffolders are trained and competent.		
Comply with SANS 10085 and relevant OHSA requirements.		
Site establishment includes barricading and safety signage.		
Comply with Regulations 12, and 16 of Construction Regulations.		

5. SUSPENDED ACCESS EQUIPMENT CHAMBER

Requirement	Y/N/NA	Comments
Users of Suspended Access Equipment on a rental basis are issued with valid rental agreement and LMI inspection report.		
Owners of Suspended Access Equipment provide proof of LME registration and LMI credentials (ECSA).		
Non-LME owners have SLA with registered LME and provide proof of LME & LMI credentials.		
Comply with OHSA (85 of 1993), Construction Regulations, Driven Machinery Regulations, and SANS 51808, 1903, 10295-1 and 10295-2.		

6. MOBILE ELEVATING WORK PLATFORMS (MEWPs) CHAMBER

Requirement	Y/N/NA	Comments
Users of MEWPs on a rental basis are issued with valid rental agreement and LMI inspection report.		
Owners of MEWPs provide proof of LME registration and LMI credentials (ECSA).		
Non-LME owners have SLA with registered LME and provide proof of LME & LMI credentials.		
Comply with OHSA (85 of 1993), Construction Regulations, Driven Machinery Regulations, and SANS		

Requirement	Y/N/NA	Comments
16368, 18893, 18878, and 16653 (live work where applicable).		

7. FALSEWORK CHAMBER

Requirement	Y/N/NA	Comments
Involved in temporary works as defined by Construction Regulations.		
Employ or contract competent designers for temporary works (submit proof).		
Employ or contract competent persons for sign-off on temporary works (submit proof).		
Only trained personnel work with temporary works equipment.		
Staff involved in temporary works trained according to IWH rules.		
Comply with OHSA, Construction Regs, Driven Machinery Regs, BS 5975, EN 12812, and relevant SANS including 10085, 10160, 10162, 10163, 10400, and 2001 standards.		

8. ACCESS TOWERS & LADDERS CHAMBER

Requirement	Y/N/NA	Comments
Towers manufactured to SANS 51004 and SANS 50131 (parts 1-4, 6, 7).		
At least 2 qualified tower erectors employed or appointed.		
Towers regularly inspected by competent inspector (employed or via SLA).		
Tower work supervised by formally appointed competent supervisor.		
Ladders meet correct manufacturing standards (no domestic/light ladders).		
Ladders are serviced annually (keep proof on file).		
Ladders regularly inspected by competent inspector (employed or via SLA).		
Comply with OHSA, General Safety Regs 6 & 13A, SANS 51004, 50131 series, EN 1298 and BS 8620 (where applicable).		

**APPLICATION - Annexure C:
PROFESSIONAL DEVELOPMENT PARTNER REQUIREMENTS**

PDP INFORMATION

PDP Name	
Name & Surname	
Title/Appointment:	
Email:	
Cell:	
Learner upload Representative	
Learner upload Representative	

I/We agree, if our application is successful, to abide by all Legislation applicable to the industry, any Rules and decisions of the IWH PB as may be determined from time to time, the upload and registration of all trained W@H practitioners and payment of fees when due. I/We in addition to the above, will unreservedly enter into the Registered Practitioner Process* of the IWH PB.

Date

Signature

Designation

SECTION 1: IWH REGISTERED SKILLS PROGRAMME APPLICATION

List of Skills programmes

Please indicate for which programmes you want to apply.

Please note, you need to apply for all work at height related training you will be conducting

S#	Regulated skills program	Please ✓
1.	Class A Anchor Installer	
2.	Class A Anchor planner	
3.	Anchor line specialist	Not available yet
4.	Prefabricated tower erector	
5.	Advanced prefabricated tower erector	Not available yet
6.	Ladder User	
7.	Confined space worker	Not available yet
8.	Confined space rescuer	Not available yet
9.	Confined space Planner	Not available yet
10.	Basic Fall arrest operator	
11.	Fall Arrest and Basic Rescue Technician	
12.	Advanced Fall Arrest Rescuer	
13.	Fall protection Planner	
14.	Climbing Equipment Inspector	

S#	Regulated skills program	Please ✓
15.	Rope Rigger	
16.	Pole Climber	
17.	Work at Height Risk Assessor	Not available yet
18.	Ergonomics Risk Assessor for Work at Height	Not available yet
19.	Work at Height Supervisor	Not available yet
20.	MEWP Operator – Mobile Boom	
21.	MEWP Operator – Mobile Vertical	
22.	MEWP Operator – Static Boom	
23.	MEWP Operator – Static Vertical	
24.	MEWP Handover Operator	Not available yet
25.	Rope Access Technician	
26.	Rope Access Practitioner	
27.	Rope Access Supervisor	
28.	TSP Operator	
29.	TSP Erector	
30.	TSP Supervisor	
31.	PML (Pedestal Mounted Ladder) User	
32.	Temporary Works Designer	
33.	Work at height Instructor	Not available yet
34.	Fall Prevention User	
35.	Scaffold Hand	
36.	Scaffold Fixer	
37.	Scaffold Erector	
38.	Scaffold Supervisor	
39.	Scaffold Inspector	
40.	Free-standing Scaffold Tower Erector and Inspector	
41.	Class A Falsework Installer and Inspector	Not available yet
42.	Shutter Hand	Not available yet

SECTION 2: FACILITATORS AND ASSESSORS

Please note, your facilitators and assessors must be **ASDSA registered** for your application to be finalised.

Become a member:

https://forms.zohopublic.com/ASDSA/form/MembershipRegistrationDebitorder/formperma/TqwUhx0CjpA7f4it_4jRWH-wZ8sj736HqJq1SQtwAo

NB! Please select IWH when applying with ASDSA

Please contact ASDSA and start the application for your Designation.

Contact: info@asdsa.org.za

- NOTE: All facilitators and assessors must be registered practitioners with the Professional Body.
- Please submit the ASDSA Registration documents
- IWH-Facilitator/Assessor Application forms

Staff Allocations per Province											
Requirement	EC	FS	GP	KZN	LIM	MPL	NC	NW	WC	TOTALS	
Number of Facilitators											
Number of Assessors											
TOTAL COMPLEMENT											

Facilitator Details

Facilitators						
Full Name & Surname	ID	Full time/ Contract	SLA Y/N/NA	Specify field of expertise	ASDSA Reg. No.	IWH Registered Practitioner

Assessor Details

Assessors						
Full Name & Surname	ID	Full time/ Contract	SLA Y/N/NA	Specify field of expertise	ASDSA Reg. No.	IWH Registered Practitioner

OTHER TRAINING SITES OF DELIVERY

Do you have any other sites used for training delivery?

YES / NO / NA

Specify related companies/ Umbrella companies/MOU with other companies related to training

Training Sites			
Site name	Physical address	Telephone	Contact

Apon approval you will be required to complete the following list of documents

- IWH-PDP Code of Conduct
- IWH-Facilitator/Assessor Code of Conduct
- IWH-PDP Annual declaration

