



The South African
Council for Planners
S A C P L A N

SOUTH AFRICAN COUNCIL FOR PLANNERS

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APPLICATION FORM REGISTRATION IN TERMS OF THE PLANNING PROFESSION ACT, 2002 (ACT 36 OF 2002)

AS A PROFESSIONAL PLANNER, TECHNICAL PLANNER OR CANDIDATE PLANNER

**PLEASE COMPLETE THIS FORM IN BLACK INK AND PRINT THE REQUIRED INFORMATION IN LEGIBLE FORMAT
KINDLY NOTE: A RESPONSE TO EVERY QUESTION IS REQUIRED**

1. CATEGORY OF REGISTRATION (Applicants with Foreign Qualifications must consult the Interim Policy on Foreign Qualifications)

I hereby apply for registration as :
(Tick ✓ appropriate option)

PROFESSIONAL PLANNER

and enclose with this application :

- Annexure A – Completed Checklist for Professional Planners.
- Annexure B – Certified copy of Identity Document or Passport.
- Annexure C – Certified copy(ies) of relevant academic certificate(s) from recognized Academic Planning Institution(s).
- Annexure D – Section 13(7) Declaration.
- Annexure E – Summary of Practical Training (Form A1).
- Annexure F – Practical training report (signed by Professional Planners (supervisors)) (Form A2).
- Annexure G – Sworn Affidavit by Supervisor/Mentor (Form A3).
- Annexure H – Payment of registration **and** annual fees.

TECHNICAL PLANNER

and enclose with this application :

- Annexure A – Completed Checklist for Technical Planners.
- Annexure B – Certified copy of Identity Document or Passport.
- Annexure C – Certified copy(ies) of relevant academic certificate(s) from recognized Academic Planning Institution(s).
- Annexure D – Section 13(7) Declaration.
- Annexure E – Summary of Practical Training (Form A1).
- Annexure F – Practical training report (signed by Professional Planners or Technical Planners (supervisors)) (Form A2).
- Annexure G – Sworn Affidavit by Supervisor/Mentor (Form A3).
- Annexure H – Payment of registration **and** annual fees.

CANDIDATE PLANNER

and enclose with this application :

- Annexure A – Completed Checklist for Candidate Planners.
- Annexure B – Certified copy of Identity Document or Passport.
- Annexure C – Certified copy(ies) of relevant academic certificate(s) or confirmation of enrolment in a recognized Academic Planning qualification at a recognised Academic Planning Institution endorsed by Institution(s).
- Annexure D – Section 13(7) Declaration.
- Annexure E – Payment of registration **and** annual fees.

2. SCHEDULE OF PERSONAL DETAILS :

TITLE : (Prof. Dr. Mr. Mrs. Ms.) : _____

SURNAME : _____

FIRST NAMES : _____

DATE OF BIRTH : _____

POSTAL ADDRESS : _____

_____ POSTAL CODE: _____

RESIDENTIAL ADDRESS : _____

_____ POSTAL CODE: _____

PREFERRED POSTAL ADDRESS :
(Please Tick appropriate Box)

<input type="checkbox"/>	POSTAL
<input type="checkbox"/>	RESIDENTIAL

PROVINCE :
(Please Tick appropriate Box)

<input type="checkbox"/>	EASTERN CAPE	<input type="checkbox"/>	FREE STATE
<input type="checkbox"/>	GAUTENG	<input type="checkbox"/>	KWAZULU NATAL
<input type="checkbox"/>	LIMPOPO	<input type="checkbox"/>	MPUMALANGA
<input type="checkbox"/>	NORTH WEST	<input type="checkbox"/>	NORTHERN CAPE
<input type="checkbox"/>	WESTERN CAPE	<input type="checkbox"/>	OTHER

HOME TEL NO. : _____

FAX NO. : _____

CELL NO. : _____

WORK TEL NO. : _____

E-MAIL ADDRESS:

(Please use Block letters)

1. _____

2. _____

PREFERRED CONTACT NUMBER:

<input type="checkbox"/>	HOME
<input type="checkbox"/>	CELL
<input type="checkbox"/>	WORK

The following Information is needed for Statistical purposes only:

GENDER:

	MALE
	FEMALE

GROUP:

	BLACK
	WHITE
	COLOURED
	ASIAN
	OTHER

3. QUALIFICATIONS

QUALIFICATION	DESCRIBE	NAME OF INSTITUTION	DATE OBTAINED
3.1 Planning (Degree, Diploma, etc.)			
3.2 Other (Degree, Diploma, etc.)			
3.3 Membership of any Professional Bodies			

NB: Certified copies of Certificates and other documentation substantiating Qualifications/Membership claimed, must accompany this application.

4. EMPLOYMENT DETAILS (Please indicate by ticking Sector of employment):

	A Principal Planner in private practice
	A Planner employed in private practice

Employed in the Public Service (Please indicate by ticking sector of employment):

	Central Government
	Provincial Government
	Municipality
	Education Sector (University / College, etc.)
	Other (Please Specify)

POSITION HELD : _____

NAME OF EMPLOYER : _____

PHYSICAL ADDRESS : _____

POSTAL ADDRESS : _____

_____ POSTAL CODE: _____

COMPANY CITY : _____

WORK TELEPHONE NO. : Dialling Code (_____) _____

WORK FAX NO. : Dialling Code (_____) _____

STARTING DATE OF EMPLOYMENT STATED ABOVE:

D	D	-	M	M	-	Y	Y	Y	Y
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PREVIOUS EMPLOYMENT HISTORY:

EMPLOYER NAME	POSITION HELD	COMPANY CONTACT DETAILS	EMPLOYMENT PERIOD (DATE)	
			FROM	TO

5. DECLARATION

I, _____ the undersigned,
(Full Names and Surname)

Identification/Passport No.: _____

hereby make an Oath and Declare as follows:

- (i) The information provided in this application is to the best of my knowledge true and correct.
- (ii) I will be professionally accountable for all professional planning work, which I undertake, as contemplated in the Planning Profession Act, 2002 (Act 36 of 2002).
- (iii) I will abide by The Code of Professional Conduct as set out in the Rules of the South African Council for Planners under the Planning Profession Act, 2002 (Act 36 of 2002).

Signed At _____ on this _____ Day of _____ 20_____

Signature : _____

APPLICANT (In the presence of a Commissioner of Oath):

COMMISSIONER OF OATH:

I certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to before me and that the Applicant's signature was placed thereon in my presence.

Commissioner of Oath's Full Names : _____

Designation : _____

Area of Appointment : _____

Date : _____ 20_____

FOR OFFICIAL USE ONLY:

Registration fee : _____ Annual Fee: _____

Total Amount received : _____

Date considered for Registration : _____

Date approved : _____

Date Entered in Register : _____

Date Certificate Issued : _____ Certificate No.: _____