



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

# SOUTH AFRICAN COUNCIL FOR PLANNERS

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## CANDIDATE SUPERVISOR APPLICATION FORM REGISTRATION IN TERMS OF EXTERNAL CIRCULAR – 1/2014 OF THE PLANNING PROFESSION ACT, 2002 (ACT 36 OF 2002)

### CHECK LIST

	Please tick
1. Candidate Supervisor Application form included	
• Application form completed	
• Commissioner of Oaths signed	
• Declaration of acceptance by supervisor	
2. Is Candidate in good standing status	
3. Supervisor/s registered with SACPLAN	
4. Is Supervisor in good standing	
5. Supervisor has acquired three years minimum post registration experience  If a Supervisor does not have the required minimum three years post registration experience, this application must be accompanied by an Application to waive the requirement contemplated in Sub-Rule 17(1) of the Rules developed in terms of the Planning Profession Act, 2002.	

**1. SCHEDULE OF PERSONAL DETAILS OF CANDIDATE PLANNER :**

TITLE : (Prof. Dr. Mr. Mrs. Ms.) : \_\_\_\_\_

SURNAME : \_\_\_\_\_

FIRST NAMES : \_\_\_\_\_

IDENTITY NUMBER : \_\_\_\_\_

REGISTRATION NUMBER : \_\_\_\_\_

**CONTACT DETAILS OF CANDIDATE PLANNER:**

HOME TEL NO : \_\_\_\_\_

FAX NO : \_\_\_\_\_

CELL NO : \_\_\_\_\_

WORK TEL NO : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

E-MAIL ADDRESS:  
(Please use Block letters) 1. \_\_\_\_\_

2. \_\_\_\_\_

PREFERRED CONTACT NUMBER:

	HOME
	CELL
	WORK

**2. EMPLOYMENT DETAILS OF CANDIDATE PLANNER (Please indicate by ticking  Sector of employment):**

<input type="checkbox"/>	A Planner employed in private practice
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Employed in the Public Service (Please indicate by ticking  sector of employment):

<input type="checkbox"/>	Central Government
<input type="checkbox"/>	Provincial Government
<input type="checkbox"/>	Municipality
<input type="checkbox"/>	Education Sector (University / College, etc.)
<input type="checkbox"/>	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

**3. SCHEDULE OF PERSONAL DETAILS OF SUPERVISOR :**

TITLE : (Prof. Dr. Mr. Mrs. Ms.) : \_\_\_\_\_

SURNAME : \_\_\_\_\_

FIRST NAMES : \_\_\_\_\_

IDENTITY NUMBER : \_\_\_\_\_

REGISTRATION NUMBER : \_\_\_\_\_

**CONTACT DETAILS OF SUPERVISOR:**

HOME TEL NO : \_\_\_\_\_

FAX NO : \_\_\_\_\_

CELL NO : \_\_\_\_\_

WORK TEL NO : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

E-MAIL ADDRESS:

(Please use Block letters)

1. \_\_\_\_\_

2. \_\_\_\_\_

PREFERRED CONTACT NUMBER:

	HOME
	CELL
	WORK

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

<input type="checkbox"/>	A Planner employed in private practice
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Employed in the Public Service (Please indicate by ticking  sector of employment):

<input type="checkbox"/>	Central Government
<input type="checkbox"/>	Provincial Government
<input type="checkbox"/>	Municipality
<input type="checkbox"/>	Education Sector (University / College, etc.)
<input type="checkbox"/>	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
---	---	---	---	---	---	---	---	---	---

**PREVIOUS EMPLOYMENT HISTORY:**

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

**5. DECLARATION BY CANDIDATE PLANNER**

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 note that with registration as a Candidate Planner, I cannot do work independently, and must do work (practical experience) under a registered Professional Planner(s) or Technical Planner(s) depending on the qualification I hold
- (iii) I will abide by The Code of Professional Conduct as set out in the Rules of the South African Council for Planners (SACPLAN) under the Planning Profession Act, 2002 (Act 36 of 2002).
- (iv) I confirm that my registration with SACPLAN is in good standing.
- (v) I confirm that I will inform SACPLAN within a period of 30 days of any change in supervisor:

Signed At \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature : \_\_\_\_\_

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**6. DECLARATION BY SUPERVISOR**

I, \_\_\_\_\_ the undersigned,  
(Full Names and Surname)

Identification/Passport No.: \_\_\_\_\_

hereby make an Oath and Declare as follows:

- (i) I accept the duties pertaining to the proposed supervision and such other requirements as Council may deem reasonable.
- (ii) The information provided in this application is to the best of my knowledge true and correct.
- (iii) I will be professionally accountable for all professional planning work, which is undertaken under my supervision and employ as contemplated in the Planning Profession Act, 2002 (Act 36 of 2002).
- (iv) I will abide by the Code of Professional Conduct as set out in the Rules of the South African Council for Planners (SACPLAN) under the Planning Profession Act, 2002 (Act 36 of 2002).
- (v) I confirm that my registration with SACPLAN is in good standing.
- (vi) I confirm that I have acquired the three years minimum post registration experience alternatively that I have been exempted from the requirement contemplated in Sub-Rule 17(1) of the Rules developed in terms of the Planning Profession Act, 2002.

Signed At \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature : \_\_\_\_\_

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**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 \_\_\_\_\_

Official Stamp