



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

SOUTH AFRICAN COUNCIL FOR PLANNERS

Form A2

PRACTICAL EXPERIENCE REPORT

Name of Applicant : _____

Application for Registration as : Professional Planner / Technical Planner

Employer and Business Address						
Period: From _____ to _____				Number of Months _____		
Category of Work	Type of Work	Project Title & (Duration of Project)	Scope of Project	Your Responsibilities Undertaken	Time (Actual Time in Months or part thereof)	Name, Signature, and Registration Number of SACPLAN Supervisor
Example: A Survey and Research	Planning Survey and Analysis				x Months x weeks	John Doe A/XXX/1990
Example: C Plan Formulation	Preparing, motivating and evaluating applications in terms of land use schemes				x Month	John Doe A/XXX/1990

NOTE: THE TOTAL TIME OF PRACTICAL EXPERIENCE SHOWN CANNOT BE MORE THAN THE PERIOD DURING WHICH THE PRACTICAL EXPERIENCE WAS UNDERTAKEN