



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

SOUTH AFRICAN COUNCIL FOR PLANNERS

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MIDRAND 1685

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

AS A PROFESSIONAL PLANNER OR TECHNICAL PLANNER

IN TERMS OF RECOGNITION OF PRIOR LEARNING (RPL)

**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

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

Professional Planner (with a South African qualification)	
Professional Planner (with a Foreign qualification)	
Technical Planner (with a South African qualification)	
Technical Planner (with a Foreign qualification)	
Technical Planner (without a qualification)	

PROFESSIONAL PLANNER	Included	N/A
and enclose with this application as Annexures (please indicate where not applicable):		
➤ Completed Application form		
➤ Section 13(7) Declaration.		
➤ Completed Checklist for Professional Planners in terms of RPL.		
➤ Certified copy ¹ of Identity Document or Passport.		
➤ Certified copy(ies) ² of relevant academic certificate(s) (if applicable)		
➤ Certified copy(ies) ³ of Transcripts (results) (if applicable)		
➤ Copies of the Curriculum of the year during which the study was completed (if applicable)		
➤ SAQA assessment of Qualification(s) (in respect of a foreign qualification)		
➤ Two (2) letters of support from registered Professional Planners (in good standing)		
➤ Completed MIE form		
➤ Completed SACPLAN Competency Tables:		
○ Table A1 – Generic Competencies – Through Qualification(s)		
○ Table A2 – Generic Competencies – Through Experience		
○ Table B1 – Core Competencies – Through Qualification(s)		
○ Table B2 – Core Competencies – Through Experience		
○ Table C1 – Functional Competencies – Through Qualification(s)		
○ Table C2 – Functional Competencies – Through Experience		
○ Table D – Summary of Achievement of competencies		

¹ Certification not older than six months

² Certification not older than six months

³ Certification not older than six months

➤ Summary of Practical Experience Report (Form A1).		
➤ Practical Experience report (signed by Professional Planners (supervisors)) (Form A2).		
➤ Portfolio of Evidence (provide a list of information that forms part of your Portfolio of Evidence with specific indication as to your contribution – SACPLAN will then request documentation to be submitted when required)		
➤ Sworn Affidavit by Supervisor(s) (Form A3).		
➤ A Detailed Curriculum Vitae		
➤ Payment of registration and annual fees.		

TECHNICAL PLANNER	Included	N/A
and enclose with this application as Annexures (please indicate where not applicable):		
➤ Completed Application form		
➤ Section 13(7) Declaration.		
➤ Completed Checklist for Professional Planners in terms of RPL.		
➤ Certified copy ⁴ of Identity Document or Passport.		
➤ Certified copy(ies) ⁵ of relevant academic certificate(s) (if applicable)		
➤ Certified copy(ies) ⁶ of Transcripts (results) (if applicable)		
➤ Copies of the Curriculum of the year during which the study was completed (if applicable)		
➤ SAQA assessment of Qualification(s) (in respect of a foreign qualification)		
➤ Two (2) letters of support from registered Professional Planners (in good standing)		
➤ Completed MIE form		
➤ Completed SACPLAN Competency Tables:		
○ Table A1 – Generic Competencies – Through Qualification(s)		
○ Table A2 – Generic Competencies – Through Experience		
○ Table B1 – Core Competencies – Through Qualification(s)		
○ Table B2 – Core Competencies – Through Experience		
○ Table C1 – Functional Competencies – Through Qualification(s)		
○ Table C2 – Functional Competencies – Through Experience		
○ Table D – Summary of Achievement of competencies		
➤ Summary of Practical Experience Report (Form A1).		
➤ Practical Experience report (signed by Professional Planner(s) or Technical Planner(s) (supervisors)) (Form A2).		
➤ Portfolio of Evidence (provide a list of information that forms part of your Portfolio of Evidence with specific indication as to your contribution – SACPLAN will then request documentation to be submitted when required)		
➤ Sworn Affidavit by Supervisor(s) (Form A3).		
➤ A Detailed Curriculum Vitae		
➤ Payment of registration and annual fees.		

⁴ Certification not older than six months

⁵ Certification not older than six months

⁶ Certification not older than six months

2. SCHEDULE OF PERSONAL DETAILS : (please use block letters)

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 LIST

HOME TEL NO. : _____

FAX NO. : _____

CELL NO. : _____

WORK TEL NO. : _____

E-MAIL ADDRESS:

(Please use Block letters)

1. _____

(Email addresses will be used for SACPLAN communication)

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: Originally Certified copies of Certificates and other documentation substantiating Qualifications/Membership claimed, must accompany this application. Note no copies, emailed copies or faxed copies of certified copies will be accepted.

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

Employed in the Private Sector (Please indicate by ticking sector of employment):

	Planning Practice		
	Multi-Disciplinary Firm	List type	
	Other	List	

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: (please add annexure for additional)

EMPLOYER NAME	POSITION HELD	COMPANY CONTACT DETAILS (Postal Address, Tel number, email, etc.)	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):

STAMP

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.: _____