



The South African  
Council for Planners  
SACPLAN

# **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, TECHNICAL PLANNER, CANDIDATE PLANNER, OR CANDIDATE  
STUDENT 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 recognised 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 recognised 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) from recognised Academic Planning Institution(s).
- Annexure D – Section 13(7) Declaration.
- Annexure E – Payment of registration **and** annual fees.

#### **CANDIDATE STUDENT PLANNER**

and enclose with this application :

- Annexure A – Completed Checklist for Candidate Student Planners.
- Annexure B – Certified copy of Identity Document or Passport.
- Annexure C – Certified copy(ies) of confirmation of enrolment in 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 : \_\_\_\_\_ Signature : \_\_\_\_\_

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.: \_\_\_\_\_