|  |  |
| --- | --- |
| LANDSCAPE ARCHITECTURAL PROFESSION ACT,ACT NO 45 OF 2000 | SACLAP 2019/20 - 014 |
| **APPLICATION FOR THE PROFESSIONAL REGISTRATION ASSESSMENT PROCESS** |
|  |
| **ALL SECTIONS OF THE FORM MUST BE COMPLETED** |
|  |
| SECTION A | **CONFIRMATION OF PERSONAL DETAILS** |
| SECTION B | **CONFIRMATION OF CONTACT DETAILS** |
| SECTION C | **CANDIDACY & PRAP DETAILS** |
| SECTION D | **DECLARATION** |
| **SECTION A: CONFIRMATION OF PERSONAL DETAILS** |
| Title | Prof |  | Dr |  | Mrs |  | Ms |  |  | Mr |  | Rev |  |
|  |
| Surname |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Initials and First Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Gender | Male |  | Female |  |  |
|  |
| Date of Birth |  |  |  | Date of Registration |  |  |  |
|  |
| Registration Category |  | Registration Number |  |
|  |  |
| **SECTION B : CONFIRMATION OF CONTACT DETAILS** |
|  |  |
| Email address |  |
|  |  |
| Telephone number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Cell phone number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Fax number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Postal Address |  |
|  | Postal Code |  |
|  |  |
| Residential Address |  |
|  | Postal Code |  |
|  |  |
| Province |  |
|  |  |
| Preferred address : | Postal |  |  | Residential |  |  | Email  |  |

|  |
| --- |
| **SECTION C: CANDIDACY & PRAP DETAILS** |
|  |
| Mentors Name |  | Mentors Cell Phone Number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Candidates Highest Qualification |  | Date Obtained |  | Institution |  |
|  |
| Sections to be examined (*Please tick*): | SECTION 1 - PPE |  | SECTION 2 |  | SECTION 3  |  | SECTION 4  |  |  SECTION 5  |  |
|  |
| Sections previously passed(Please tick): | SECTION 1 - PPE |  | SECTION 2, 4 &5 - PORTFOLIO |  | SECTION 3 - ASSIGNMENT |  |
|  |
| Rating Symbol obtained: | SECTION 1  |  | YEAR | SECTION 2, 4 &5  |  | YEAR | SECTION 3  |  | YEAR |
|  |
| If applying for Section 1 PPE, indicate Preferred City of the Examination Venue: | PRETORIA |  | CAPE TOWN |  | DURBAN |  | OTHER, (specify) |  |
|  |
| Did you attend the Candidacy Workshop? | Yes |  | No |  | If Yes, Where and When  |  |
|  |
| DOCUMENTS SUBMITTED WITH THIS APPLICATION *(Please tick appropriate box)* |
|  |
| UPDATED CV |  | LOGBOOK |  | MENTORS LETTER |  | PORTFOLIO |  | ID COPY |  | OTHER, specify |  |
|  |

**SECTION D: DECLARATION**

I (Full Name)…………………………………………………………………..declare that the information provided above is true. I understand that I must complete the whole process within a period of 3 years. Failing which I will lose of the credits gained in the sections that I have passed. I will then have to either start the process from scratch or attend a interview, depending on the recommendation of the Council.

I undertake to pay the appropriate assessment fee on invoice, before undertaking the PRAP process; and that all fees paid for the process are non-refundable neither can they be carried forward to another financial year.

I understand that the Registration Committee reserves the right to decline an individual assessment entry, if the documentation submitted is found to be unsatisfactory. In addition should any other fees due to SACLAP before the date of the assessment remain unpaid, SACLAP reserves the right to decline my access to the particular assessment.

I further declare that I have acquainted myself with the following documents as relevant to this application:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DOCUMENT** | **Tick**  |
| 1. | My latest SACLAP Annual Fee Invoice |  |
| 2. | The Landscape Architectural Profession Act, Act no 45 of 2000 |  |
| 3. | SACLAP Registration Policy - 4 November 2016 |  |
| 4. | SACLAP Addendum to the Registration Policy |  |
| 5. | Weighted Core Competency Table  |  |
| 6. | SACLAP Rates Table – for this financial year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Place |  | Date |

**SACLAP Banking Details are as follows:**

Bank: NEDBANK

Branch: The Grove

Branch Code 194 405

Type: Current Account

Account No.: 1944 033 35 1

Reference: ***Invoice Number***

***Proof of payment to be emailed to*** ***registrar@saclap.org.za*** ***and cc to*** ***secretariat@saclap.org.za***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  | FOR OFFICE USE |  |  |  |
|  |  |  |  |  |
| 1. | Date Received  |  | Processed by |  |
|  |  |  |  |  |
| 2. | Date Approved |  | Approved by  |  |
|  |  |  |  |  |
| 3. | Date of Approval Communication |  | Communication sent by |  |
|  |  |  |  |  |
| 4. | Database Entry |  | Entry by |  |