



**SOUTH AFRICAN COUNCIL  
FOR THE  
LANDSCAPE ARCHITECTURAL PROFESSION**

2<sup>nd</sup> Floor, Block A, Corobay Corner  
169 Corobay Ave, Waterkloof Glen, Pretoria 0181

Tel: 087 980 9846  
Fax: 086 567 9567  
registrar@saclap.org.za

LANDSCAPE ARCHITECTURAL PROFESSION ACT,  
ACT NO 45 OF 2000

SACLAP 2026/27 - 014

**APPLICATION FOR ATTENDANCE OF THE CANDIDATE WORKSHOP  
10 JULY 2026**

**ALL SECTIONS OF THE FORM MUST BE COMPLETED**

|           |                                  |
|-----------|----------------------------------|
| SECTION A | CONFIRMATION OF PERSONAL DETAILS |
| SECTION B | CONFIRMATION OF CONTACT DETAILS  |
| SECTION C | CANDIDACY DETAILS                |
| SECTION D | DECLARATION                      |

**SECTION A: CONFIRMATION OF PERSONAL DETAILS**

|                         |                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title                   | Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Rev <input type="checkbox"/> |
| Surname                 | <input type="text"/>                                                                                                                                                        |
| Initials and First Name | <input type="text"/>                                                                                                                                                        |
| Gender                  | Male <input type="checkbox"/> Female <input type="checkbox"/>                                                                                                               |
| Date of Birth           | <input type="text"/> Date of Registration <input type="text"/>                                                                                                              |
| Registration Category   | <input type="text"/> Registration Number <input type="text"/>                                                                                                               |

**SECTION B : CONFIRMATION OF CONTACT DETAILS**

|                     |                                                                                                     |
|---------------------|-----------------------------------------------------------------------------------------------------|
| Email address       | <input type="text"/>                                                                                |
| Telephone number    | <input type="text"/>                                                                                |
| Cell phone number   | <input type="text"/>                                                                                |
| Fax number          | <input type="text"/>                                                                                |
| Postal Address      | <input type="text"/> Postal Code <input type="text"/>                                               |
| Residential Address | <input type="text"/> Postal Code <input type="text"/>                                               |
| Province            | Gauteng                                                                                             |
| Preferred address : | Postal <input type="checkbox"/> Residential <input type="checkbox"/> Email <input type="checkbox"/> |

**SECTION C: CANDIDACY DETAILS**

|                                  |                      |                           |                      |
|----------------------------------|----------------------|---------------------------|----------------------|
| Mentors Name                     | <input type="text"/> | Mentors Cell Phone Number | <input type="text"/> |
| Candidates Highest Qualification | <input type="text"/> | Date Obtained             | <input type="text"/> |
| Institution                      | <input type="text"/> |                           |                      |
| Preferred Workshop Venue:        | <input type="text"/> | REMOTE VIA ZOOM           | <input type="text"/> |

## SECTION D: DECLARATION

I (Full Name)..... declare that the information provided above is true. I understand that I must complete the whole Candidacy process within a period of 3 years. Failing which I will lose all the credits. I will then have to either reapply and start the process from scratch or submit a portfolio of evidence after successfully motivating for reconsideration. I may have to attend an interview, depending on the recommendation of the Council.

I undertake to pay the appropriate workshop fee together with this application. I am aware of the registration deadline date. I further understand that all fees paid are non-refundable neither can they be carried forward to another financial year.

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

| ITEM | DOCUMENT                                                      | Tick |
|------|---------------------------------------------------------------|------|
| 1.   | The Candidate Workshop Invitation Poster                      |      |
| 2.   | My latest SACLAP Annual Fee Invoice (April 2026)              |      |
| 3.   | The Landscape Architectural Profession Act, Act no 45 of 2000 |      |
| 4.   | SACLAP Registration Policy - 4 November 2016                  |      |
| 5.   | SACLAP Addendum to the Registration Policy                    |      |
| 6.   | Weighted Core Competency Table                                |      |
| 7.   | SACLAP Rates Table – for this financial year                  |      |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

### SACLAP Banking Details are as follows:

Bank: NEDBANK  
Branch: Menlyn  
Branch Code 198 765  
Type: Current Account  
Account No.: 1944 033 35 1  
Reference: **NAME AND SURNAME & Workshop**

**Proof of payment of Candidate Workshop Fee of R2050 to be emailed to [registrar@sacdap.org.za](mailto:registrar@sacdap.org.za) and cc [tadministrator@sacdap.org.za](mailto:tadministrator@sacdap.org.za) together with the completed application form.**

### FOR OFFICE USE

|    |                                |                      |                       |                      |
|----|--------------------------------|----------------------|-----------------------|----------------------|
| 1. | Date Received                  | <input type="text"/> | Processed by          | <input type="text"/> |
| 2. | Date Approved                  | <input type="text"/> | Approved by           | <input type="text"/> |
| 3. | Date of Approval Communication | <input type="text"/> | Communication sent by | <input type="text"/> |
| 4. | Database Entry                 | <input type="text"/> | Entry by              | <input type="text"/> |