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| LANDSCAPE ARCHITECTURAL PROFESSION ACT,ACT NO 45 OF 2000 | SACLAP 2019/20 - 014 |
| **APPLICATION FOR ATTENDANCE OF THE CANDIDACY WORKSHOP** |
|  |
| **ALL SECTIONS OF THE FORM MUST BE COMPLETED** |
|  |
| SECTION A | **CONFIRMATION OF PERSONAL DETAILS** |
| SECTION B | **CONFIRMATION OF CONTACT DETAILS** |
| SECTION C | **CANDIDACY & WORKSHOP 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  |  |

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| **SECTION C: CANDIDACY & PRAP DETAILS** |
|  |
| Mentors Name |  | Mentors Cell Phone Number |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Candidates Highest Qualification |  | Date Obtained |  | Institution |  |
|  |
| Preferred Workshop Venue: | PRETORIA |  | REMOTE VIA ZOOM |  |
|  |

**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 an interview, depending on the recommendation of the Council.

I undertake to pay the appropriate workshop fee on invoice, before attending the workshop. 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. | 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 |  |

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| --- | --- | --- | --- | --- |
| 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*** ***accounts@saclap.org.za***

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|  |  |  |  |  |
|  | 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 |  |