



APPLICATION FORM

REGISTRATION AS A CANDIDATE/PROFESSIONAL TOWN PLANNER

A: PARTICULARS OF APPLICANT

(Please tick the applicable block where applicable)

Surname:

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First names:

Title:

Mr.	Mrs.	Ms	Miss	Other:
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Date of Birth:

:	:	:
D	M	Y

ID Number:

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Passport Number:

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Nationality:

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Gender:

Male	Female
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Work Telephone No:

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Home Telephone No:

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Cell Phone No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Facsimile No:

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Business e-mail Address:

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Personal e-mail Address:

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Residential address:

	Postal Code:	



Postal address:

	Postal Code:	

B: EMPLOYMENT DETAILS

PREVIOUS EMPLOYMENT:

Give full account of practical experience which you gained in the office of a registered Town Planning Professional after completion of your studies, in chronological order from the oldest to the most current:

Name of Company:

Date of Employment:

Name of Principal:

Contact Details of Principal:

Type of Work Carried Out During Employment:

From:		To:	
Telephone Number:			
Cell phone Number:			
Facsimile Number:			
E-Mail Address:			

Name of Company:

Date of Employment:

Name of Principal:

Contact Details of Principal:

Type of Work Carried Out During Employment:

From:		To:	
Telephone Number:			
Cell phone Number:			
Facsimile Number:			
E-Mail Address:			



Name of Company:			
Date of Employment:	From:		To:
Name of Principal:			
Contact Details of Principal:	Telephone Number:		
	Cell phone Number:		
	Facsimile Number:		
	E-Mail Address:		
Type of Work Carried Out During Employment:			

Should this space be inadequate, please supply further information on a loose sheet/s, inserted in this application form, in the same format as stipulated above.

CURRENT EMPLOYMENT:

Name of Company:			
Date of Employment:	:	:	:
	D	M	Y
Name of Principal:			
Principal's contact number:			
Principal's e-mail address:			
Discipline:			

Number of Principals in the Company:

Number of Employees in the Company:

C: PROFESSIONAL QUALIFICATIONS

TOWN PLANNING QUALIFICATIONS:

Examinations passed

A certified copy of
each certificate must
be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

OTHER (NON-TOWN PLANNING) QUALIFICATIONS:

Examinations passed

A certified copy of
each certificate must
be attached

Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date

D: Application to register in terms of the Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013), as: (Please tick the applicable block)

CANDIDATE TOWN PLANNER

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PROFESSIONAL TOWN PLANNER

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E: MEMBERSHIP OF VOLUNTARY ASSOCIATION OR PROFESSIONAL BODY

(If more space is needed, please supply information separately.)

Name of Association / Institute / Society/Council	Membership grade and date accepted	Date of Application

F: My Application fee of E _____ (cheque/receipt) is enclosed herewith.

G: DECLARATION

I, _____ (full names)
hereby apply for **Registration with the Council** and undertake to abide by all the provisions of the **Registration of Architects, Engineers, Surveyors and Allied Professionals Act, 2013 (Act No. 15 of 2013)** and any **Rules** published there under, including the **Code of Professional Conduct**. I solemnly declare that, to the best of my knowledge, all the information contained herein is true.

Signature: _____

Sworn to/Affirmed before me at _____

on this the _____ day of _____ (month & year).

Commissioner of Oaths/Justice of Peace:
(Commissioner's stamp)

Office Use Only

Application fee: E _____

Received by: _____

Date: _____

(Council's stamp)