



**APPLICATION FORM FOR REGISTRATION IN TERMS OF THE PLANNING
PROFESSION, 2002 (ACT 36 OF 2002)
AS A PROFESSIONAL PLANNER, TECHNICAL PLANNER
OR CANDIDATE 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

I hereby apply for registration as :
(Tick appropriate option)

TECHNICAL PLANNER

and enclose with this application :

- Certified copies of relevant academic certificates or confirmation of being enrolled at a recognized Academic Planning Institution.
- Certified copies of relevant academic certificates
- Practical training report (signed by registered persons/supervisors)
- Payment of registration and annual fees.

PROFESSIONAL PLANNER

and enclose with this application :

- Certified copies of relevant academic certificates or confirmation of being enrolled at a recognized Academic Planning Institution.
- Certified copies of relevant academic certificates
- Practical training report (signed by registered persons/supervisors)
- Payment of registration and annual fees.

CANDIDATE PLANNER

and enclose with this application :

- Certified copies of relevant academic certificates or confirmation of being enrolled at a recognized Academic Planning Institution.
- Payment of registration and annual fees.

2. SCHEDULE OF PERSONAL DETAILS :

TITLE : Mr. Mrs. Ms. Dr. Prof : _____

SURNAME : _____

FIRST NAMES : _____

DATE OF BIRTH : _____

RESIDETIAL ADDRESS : _____

POSTAL ADDRESS : _____

HOME TEL NO. : _____

WORK TEL NO. : _____

CELL NO. : _____

E-MAL ADDRESS : _____

3. QUALIFICATIONS

QUALIFACATION	DESCRIBE	NAME OF INSITITION	DATE OBTAINED
3.1 Planning (Degree, Diploma etc.)			
3.2 Other (Degree, Diploma etc)			
3.3 Membership of Prof. Bodies.			

NB: Certified copies of certificates and other documentation substantiating Qualifications/membership claimed, must accompany this application.

4. EMPLOYMENT DETAILS

Please indicate sector of employment

A principal planner in private practice

A planner employed in a private practice

Employed in the public service: Central Government

Provincial Government

Municipality

Employed in the educations ector (University/College, etc.)

Other (Specify)

POSITIONED HELD : _____

NAME OF EMPLOYER : _____

STREET ADDRESS : _____

POSTAL ADDRESS : _____

POSTAL CODE

WORK TELEPHONE NO. : Dailing Code(_____) _____

FAX NO. : Dailing Code(_____) _____

STARTING DATE OF EMPLOYMENT LISTED ABOVE

PREVIOUS EMPLOYMENT HISTORY			
EMPLOYER	POSITION HELD	PERIOD	
		FROM DATE	TO DATE

5. DECLARATION

I, the undersigned
(Full names and Surname)

hereby make 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 Professions 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 Act 36 of 2002.

Signed on this _____ day of _____ 20_____

Signature : _____
APPLICANT

(In the presence of a Commissioner of Oaths)

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.

COMMISIONER OF OATHS : _____

Full Names : _____

Designation : _____

Area of appointment : _____

Date: _____ 20_____

FOR OFFICIAL USE :

Total Amount received : _____

Registration fee : _____

Annual Fee : _____

Date considered for Registration : _____

Date approved : _____

Date entered in Register : _____

Date certificate issued: _____ Certificate No. _____