



Business e-mail Address:

Personal e-mail Address:

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 Architectural Professional after completion of your studies

Name of Office	Date From	Date To	Type of work carried out

**CURRENT EMPLOYMENT:**

**ARE YOU:**

Full time Employed:

Part time Employed:

**FOR FULL TIME EMPLOYMENT:**

Name of Practice:

Date of Employment: 

:	:	:
D	M	Y

Name of Mentor:

Mentor's SACAP Registration Number:

Name of Principal:

Type of Practice:

CIPRO Number:

Number of Principals in the Practice:

Number of Employees in the Practice:

**FOR PART TIME EMPLOYMENT:**

:	:	:
D	M	Y

## C: PROFESSIONAL QUALIFICATIONS

### ARCHITECTURAL QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
<b>Examinations passed</b>					
A certified copy of					
each certificate must					
be attached					

### OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
<b>Examinations passed</b>					
A certified copy of					
each certificate must					
be attached					

## D: MEMBERSHIP OF A SACAP RECOGNISED VOLUNTARY ASSOCIATION

Are you a member of one or more of the following Voluntary Associations?

	YES	NO	If YES, please indicate:		
			Institute Number	Grade of Membership	Enrolment Date
S A Institute for Architects - SAIA					
S A Institute for Architectural Technologists - SAIAT					
S A Institute of Draughting - SAID					
S A Institute of Building Design - SAIBD					
SA Institute of the Interior Design Professions - IID					
Border Kei Institute of Architects - B-KIA					
Cape Institute for Architects - CIA					
Eastern Cape Institute of Architects – ECIA					
Free State Institute of Architects - FSIA					
Gauteng Institute for Architects - GIfA					
KwaZulu-Natal Institute for Architects - KZ-NIA					
Pretoria Institute for Architects - PIA					

## E: DECLARATION

I, the applicant declare that:

- Section 19(3)(a) of the Act does not apply to me

Section 19(3)(a) Despite subsection (2), the council may refuse to register an applicant—

- (i) if the applicant has been removed from an office of trust on account of improper conduct;
- (ii) has been convicted of an offence in the Republic, other than an offence committed prior to 27 April 1994 associated with political objectives, and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or both;
- (iii) if the applicant has, subject to paragraph (b), been convicted of an offence in a foreign country and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or 15 both;
- (iv) if the applicant is declared by the High Court to be of unsound mind or mentally disordered, or is detained under the Mental Health Act, 1973;
- (v) for as long as the applicant is disqualified from registration as a result of any punishment imposed on him or her under this Act;

(vi) if the applicant is an unrehabilitated insolvent whose insolvency was caused by his or her negligence or incompetence in performing work falling within the scope of the category in respect of which he or she is applying for registration.

- **To the best of my knowledge all the information contained herein is true and correct**

Date:

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>

Signature of Applicant: \_\_\_\_\_

I agree that my contact details (including but not restricted to telephone number, addresses and e-mail address(es) be made available to recognised organisations at the discretion of SACAP

<b>YES</b>	<b>NO</b>

**FOR OFFICE USE ONLY**

**CATEGORY OF REGISTRATION:**

Candidate Architect

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Candidate Senior Architectural Technologist

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Candidate Architectural Technologist

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Candidate Draughtsperson

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Computer Code:

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Council Number:

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Period of Internship:

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Date Registered:

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>

Authorised by:

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Date Authorised:

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>

Captured by:

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Date Captured:

:	:	:
<b>D</b>	<b>M</b>	<b>Y</b>