



*This application form is valid from 1 April 2010 to 31 March 2011*

**SACAP/R0003**

**APPLICATION FOR RECOGNITION OF FOREIGN QUALIFICATIONS**

**PLEASE NOTE: REGISTRATION AS A PROFESSIONAL IS SUBJECT TO PASSING THE PROFESSIONAL PRACTICE EXAMINATION. APPLICANTS WITH FOREIGN QUALIFICATIONS WILL THEREFORE BE REGISTERED AS CANDIDATES UNTIL SUCCESSFUL COMPLETION OF THE PPE.**

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

Certified copies of qualification(s)	
Curriculum Vitae with traceable references	
SAQA Evaluation of foreign qualification	
Proof of payment of <b>non-refundable</b> admin fee of <b>R722.00</b> (R633.00 + R89.00 VAT)	

**Administration fee must be paid directly into SACAP's bank account. Proof of payment must accompany the application.**  
**USE Z9999Z AS REFERENCE WHEN MAKING PAYMENT**

**BANKING DETAILS:**

FIRST NATIONAL BANK: RANDBURG BRANCH  
BRANCH CODE: 254005  
ACCOUNT NUMBER: 50411172203

**USE Z9999Z AS REFERENCE WHEN MAKING A PAYMENT FOR THIS PARTICULAR APPLICATION**  
**PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION**

**A: PARTICULARS OF APPLICANT:**

<b>Title:</b>	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
<b>Surname:</b>	<input type="text"/>					
<b>First names:</b>	<input type="text"/>					
<b>Date of Birth:</b>	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	D	M	Y			
<b>ID/Passport Number:</b>	<input type="text"/>					
<b>Race:</b>	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	(for statistical purposes only)	
<b>Gender:</b>	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
<b>Are you Disabled?</b>	<input type="checkbox"/>		<input type="checkbox"/>			
	YES	NO				
<b>If yes, state nature of Disability:</b>	<input type="text"/>					
<b>Work Telephone No:</b>	<input type="text"/>		<input type="text"/>			

Home Telephone No:

Cell Phone No:

Facsimile No:

Business e-mail Address:

Personal e-mail Address:

Residential address:   
  
 Postal Code:

Postal address:   
  
 Postal Code:

**B: COUNTRY OF ORIGIN**

Country of Birth:

Nationality:

Date of Immigration:  :  :   
 (If Applicable) **D** **M** **Y**

**C: PROFESSIONAL QUALIFICATIONS**

**ARCHITECTURAL QUALIFICATIONS:**

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

**OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:**

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

**D: CONTENTS OF ARCHITECTURAL COURSE**

Describe briefly the contents of the subjects which you passed during the course of architecture which you followed, or attach the syllabus

Subject	Course	Duration in Months
First year of study:		
Second year of study:		
Third year of study:		
Fourth year of study:		
Fifth year of study:		

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Sixth year of study:		

**E: 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:  
EMPLOYED BY A COMPANY:**

**SELF EMPLOYED:**

Full Time  Part Time

Full Time  Part Time

**IF EMPLOYED BY A COMPANY:**

**IF SELF EMPLOYED:**

**Name of Practice:**

**Date of Employment:**

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

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

**Name of Principal:**

**Type of Practice:**

**CIPRO Number:**

Number of Principals in the Practice:

Number of Employees in the Practice:

**F: MEMBERSHIP OF A RECOGNISED INSTITUTE/SOCIETY OF ARCHITECTS**

Were you a member of a recognised Institute/Society of Architects in your, Country of origin/study 

YES	NO

If YES, name the Institute/ Society of Architects

Describe briefly which conditions have to be met by you in order to register as a practising architect in your country of origin/study

Are you currently a member of one or more of the following SACAP recognised 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					

**G: 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	<input type="checkbox"/>
Candidate Senior Architectural Technologist	<input type="checkbox"/>
Candidate Architectural Technologist	<input type="checkbox"/>
Candidate Draughtsperson	<input type="checkbox"/>

Computer Code:

Council Number:

Date Registered:

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

Authorised by:

Date Authorised:

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

Captured by:

Date captured:

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