SOUTH AFRICAN COUNCIL for the ARCHITECTURAL PROFESSION

Postal: PO Box 408, Bruma, 2026
Physical: 1st Floor, Lakeside Place, Cnr Ernest Oppenheimer and Queen Street, Bruma, Johannesburg
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The fee indicated on this application form is valid from 1 April 2012 to 31 March 2013 **SACAP/R0001**

APPLICATION FOR REGISTRATION AS CANDIDATE

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

- Certified copies of qualifications*
- Certified copy of ID document or passport*
- Certified copy of Senior School Certificate, or equivalent*
- Curriculum Vitae
- Undertaking from Mentor (Template attached)
- Proof of payment of non-refundable admin fee of **R872.00** (R764.91 + R107.09 VAT)

Administration fee must be paid directly into SACAP's bank account (details below) and is non-refundable and non-transferrable.

No application will be evaluated without sufficient payment.

Proof of payment must accompany the application.

Use Z9999Z as reference when making payment.

Copies of a certified copy are not acceptable. No faxed or e-mailed application will therefore be accepted.

NB: Should your application not contain all the required information for evaluation, this must be submitted within 2 months of request, failing which, your application will be disqualified.

BANKING DETAILS:

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

FOR NEW APPLICATIONS USE Z9999Z AS REFERENCE WHEN MAKING A PAYMENT
PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION

A: PARTICULARS OF APPLICANT

Surname:

First names:

Title: Mr | Mrs | Ms | Miss

Date of Birth: D : M : Y

ID Number:

Passport Number:

Race: Asian | Black | Coloured | White

This information is required in order to accurately reflect equity statistics in terms of Government Policy.

Gender: Male | Female

Are you Disabled? YES | NO

If yes, state nature of Disability:

Work Telephone No:

Home Telephone No:

Cell Phone No:													
Facsimilie No:													

Business e-mail Address:

Personal e-mail Address:

Residential address:

Postal Code:

Postal address:

Postal Code:

PLEASE NOTE: The addresses provided here will be taken as the applicant's *domicilium citandi et executantd*, i.e. an address where all information and notices will be sent to

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:
The South African Architectural Profession Act (Act 44 of 2000) allows for the registration of candidates in different categories prior to application for registration as a professional in the appropriate category: and prescribes in Section 18(3) that

> *A person who is registered in the category of candidate must perform work in the architectural profession only under the supervision and control of a professional of a category equal or above the level of the candidate.*

The mentor must submit an Undertaking confirming the employment and period of employment of the applicant and that he/she will be acting as mentor for the applicant (template of Undertaking attached)

The person acting as mentor will be required to submit a report in the prescribed format to the Registrar on the nature and level of work performed and the professional competence displayed by you, the registered Candidate, on a monthly basis.

Name of Practice:

Date of Employment:

:	:	:
D	**M**	**Y**

Name of Mentor:

Mentor's SACAP Registration Number:

Mentor's contact number:

Mentor's e-mail address:	
Name of Principal:	
Principal's contact number:	
Principal's e-mail address:	
Type of Practice:	
CIPRO Number:	
Number of Principals in the Practice:	
Number of Employees in the Practice:	

C: PROFESSIONAL QUALIFICATIONS

ARCHITECTURAL QUALIFICATIONS:

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

OTHER (NON-ARCHITECTURAL) QUALIFICATIONS:

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

DECLARATION IN THE EVENT OF QUALIFICATION(S) NOT YET AWARDED:

Name of Educational Institution::	

We hereby certify that _____ (name of applicant) passed his/her final examination for _____ in the _____ (name of Department) of this educational institution on _____ (date), and is now entitled to have the qualification of _____ conferred to him/her.

Official stamp of the Educational Institution

_____

Registrar/Dean/Head of Department

D: MEMBERSHIP OF A SACAP RECOGNISED VOLUNTARY ASSOCIATION

Are you a member of one or more of the following SACAP recognised Voluntary Association:

	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 Designers - 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 Institue 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.

- I accept and understand that an invoice for the pro-rata annual fees from the date of registration to 31 March of that current financial year will be payable after registration and that subsequent annual fees will be charged on 1 April every year and are payable within 60 (sixty) days from date of invoice

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

Date:

:	:	:
D	**M**	**Y**

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

YES	**NO**

FOR OFFICE USE ONLY

CATEGORY OF REGISTRATION:

Candidate Architect	
Candidate Senior Architectural Technologist	
Candidate Architectural Technologist	
Candidate Draughtsperson	

Computer Code:	
Council Number:	
Period of Internship:	

Date Registered:	:	:	:
	D	**M**	**Y**

Authorised by:	

Date Authorised:	:	:	:
	D	**M**	**Y**

Captured by:	

Date Captured:	:	:	:
	D	**M**	**Y**

UNDERTAKING BY MENTOR

I, the undersigned

_____
Full first names and surname

_____
Identity Number

_____
SACAP Registration Number

hereby declare as follows:

1. ..... ('the Applicant') is currently in my employ;
2. The Applicant was appointed on .....;
3. I undertake to act as Mentor for ..... (the Applicant) and to verify the nature and level of work performed and the professional competence displayed by the Applicant, by appending my signature on the Monthly Training Records, to be submitted by the Applicant on a monthly basis;
4. Should my mentorship be terminated for any reason whatsoever, I undertake to inform SACAP of this fact in writing, within 30 (thirty) days of such termination.

I ..... ('The Mentor') hereby confirm that I know and understand the contents of this undertaking.

SIGNED at …….....…….. on the …….. day of …… 20……..

_____
THE MENTOR

SOUTH AFRICAN COUNCIL for the ARCHITECTURAL PROFESSION

INFORMATION SHEET : APPLICATION FOR REGISTRATION

GENERAL

1. An Application for Registration will only be considered after receipt of all the documents specified at the top of page 1 of the Application form.
2. No faxed or e-mailed applications will be accepted;
3. Copies of a certified copy are not acceptable.

PAYMENT

1. No Application for Registration will be considered without proof of payment for the administration fee being attached to the application.
2. All payments must be done directly into SACAP's bank account (account details on first page of application form)
3. Receipt of the payment must be verified by SACAP before evaluation of an application.
4. Registered persons will be liable for payment of an annual fee. The annual fee for the first year of registration will be calculated from date of registration to the end of the financial year (31 March).
5. All administration fees are non-refundable and non-transferrable.

REGISTRATION CONDITIONS

1. Persons applying for registration are registered as Candidates;
2. A Candidate has to complete a prescribed period of internship (working under the mentorship of a person registered with this Council as a Professional, in a category corresponding or higher than that of the Candidate).
3. After completion of the internship period Candidates are eligible to write the Professional Practice Examination;
4. After passing this examination a Candidate can apply to be upgraded to a Professional registration category.
5. Applicants who have been practicing without registration for more than 6 years might be eligible for registration under a Special Dispensation that was approved by Council on 19 February 2010. Full information regarding this can be obtained under the Information Sheet with the Application for Special Dispensation.
6. Failure to comply with the SACAP registration requirements will lead to the disqualification of an application.

QUALIFICATIONS

1. Applicants are registered according to the highest qualification obtained from a Recognised South African Educational Institution as follows:

National Certificate	Candidate Architectural Draughtsperson
National Diploma (3 years full time)	Candidate Architectural Technologist
Bachelor of Architectural Studies (BAS)	
B. Tech (Architectural Technology and/or Management)	
BSc Arch	
National Higher Diploma	Candidate Senior Architectural Technologist
BAS (Hon)	
Accredited B.Tech (Architectural Technology)	
B Tech (Architectural Design)	
M Arch	Candidate Architect
B Arch	
M Tech (Prof)	

2. In the event that a qualification has not been awarded, the section marked **DECLARATION IN THE EVENT OF QUALIFICATION(S) NOT YET AWARDED** must be completed by the Educational Institution**.**
3. Persons without recognised Architectural Qualifications must submit proof of at least 2 years of architectural experience to qualify for registration.
4. Should a Registered Candidate not agree with the category of registration as determined by SACAP, a written Appeal (form available on SACAP's website) must be submitted no later than 60 (sixty) days from date of registration.

INTERNSHIP

1. A mentor must submit an Undertaking, confirming the employment and period of employment of the applicant and that he/she will be acting as mentor for the applicant (template of Undertaking attached) with the Candidate's Application for Registration. Should the mentorship of a Candidate change, the Candidate should inform SACAP accordingly and a similar Undertaking must be submitted by the new Mentor.
2. Persons registered as Candidates are required to submit Monthly Training Records for a pre-determined number of months.
3. Monthly Training Records must be submitted monthly (**within two weeks of the end of each month**) for the duration of the period of internship.
4. No 'back dated' Monthly Training Records, or records for training before date of registration will be accepted.
5. The mentor will be required to confirm that the information reflected on the Monthly Training Records is true and correct and that the nature and level of work performed and the professional competence displayed by the registered Candidate, is up to standard.