



SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

2nd Floor Lourie Place, Hillcrest Office Park
179 Lunnun Street
Hillcrest
0100

www.saclap.org.za
registrar@saclap.org.za

PUBLIC REPRESENTATIVE NOMINATION FORM

Please submit to: The Registrar – Cecilia Chinga registrar@saclap.org.za

By no later than 21 November 2025

Note:

This form should be used by a nominator wishing to nominate a **public representative** in terms of sections 3(1) c and 4(2) of the Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000).

ONE form to be completed per individual

I

authorized representative of

.....
(if from an organisation)

or in my personal capacity

hereby nominate the person listed herein to be considered for possible appointment by the Minister of Public Works in terms of Section 4(4) of the Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000).

Please consider the Nominee below for appointment in terms of:
Section 3(1)(c) - To represent the interests of the public.

Please find attached the Nominee's signed Acceptance Form, Curriculum Vitae and certified (within the last 3 months) copy of his/her identification document.

It is acknowledged that the nominee, if appointed, will be appointed as a member of the Council in his/her own right and will not represent any constituency.

Full Name(s) and Surname of Nominee:

ID number of the Nominee:

Signed by the Nominator at..... on this..... day of..... 2021.

.....
Signature

Position/Designation

ACCEPTANCE & DECLARATION FORM BY NOMINEE

I,.....(Nominee) hereby accept the nomination by (member of public/organisation), and hereby avail myself as a member of the Council.

	Yes (√)	No (√)
I declare my availability to serve as a member of Council and on one or more Committee(s) of the Council.		
I confirm that in the event that the Minister does not appoint me as a member of the Council, my nomination may be included in a “reserve list” from which my name may be selected to fill future vacancies on the Council during its term of office (2026 – 2030).		
I confirm that I am willing to sign the Council Code of Conduct (copy available for download on the SACLAP website (www.saclap.org.za)).		
I confirm that I am willing to undergo a background check/security clearance process, should it be necessary.		

In terms of Section 6(1) of the SACLAP Act 45 of 2000 - Disqualification from membership of council and vacation of office	Yes (√)	No (√)
(a) Are you a South African Citizen and ordinarily resident in the Republic?		
(b) Are you a rehabilitated insolvent?		
(c) Have you been convicted of an offence in the Republic and been sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or both. This provision excludes offences associated with political objectives and committed prior to 27 April 1994?		
(d) Have you been convicted of an offence in a foreign country and sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or both?		
(e) Were you removed from an office of trust as a result of improper conduct?		
(f) In terms of the Act 45 of 2000, (including any previous Act), were you found guilty of improper conduct by a disciplinary tribunal or any other professional body?		

I enclose my Curriculum Vitae (as per template) and a copy of my Identification Document (ID) - certified in the last 3 months. I further confirm the accuracy of the information presented.

Signed by the Nominee at on this..... day of2025

.....
Signature (Nominee)