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| LANDSCAPE ARCHITECTURAL PROFESSION ACT,  ACT NO 45 OF 2000 | | SACLAP 2019/20 - 014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR ATTENDANCE OF THE CANDIDACY WORKSHOP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ALL SECTIONS OF THE FORM MUST BE COMPLETED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION A | **CONFIRMATION OF PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION B | **CONFIRMATION OF CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION C | **CANDIDACY & WORKSHOP DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION D | **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A: CONFIRMATION OF PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Prof | |  | | | | Dr | |  | | | | Mrs | | | | |  | | Ms | | | |  |  | | | | | Mr | |  | | Rev | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | |  | | |  | | |  | | |  | | |  | | | |  |  | | |  | | | |  | | |  | |  | |  | | | |  |
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| Initials and First Name | |  | | |  | | |  | | |  | | |  | | |  | | | |  |  | | |  | | | |  | | |  | |  | |  | | | |  |
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| Gender | | Male | | | | | | |  | | Female | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
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| Date of Birth | |  | | | | |  | | | | | |  | | | | | Date of Registration | | | | | | | | | |  | | | | |  | | | |  | | | |
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| Registration Category | |  | | | | | | | | | | | | | | | | | | | | | | Registration Number | | | | | | | | | | | |  | | | | |
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| **SECTION B : CONFIRMATION OF CONTACT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone number | |  | | | |  | | | |  | | | | |  | | | | | |  | |  | | | | |  | |  | | | | |  | | |  | | |
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| Cell phone number | |  | | | |  | | | |  | | | | |  | | | | | |  | |  | | | | |  | |  | | | | |  | | |  | | |
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| Postal Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Residential Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Province | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Preferred address : | | | | Postal | | | | | | | |  | | | |  | | | Residential | | | |  | | | |  | | | | Email | | | | | | | |  | |

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| **SECTION C: CANDIDACY & PRAP DETAILS** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Mentors Name |  | | | | | Mentors Cell Phone Number | | |  |  | |  |  |  | |  |  |  |  |  | |
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| Candidates Highest Qualification |  | | | Date Obtained | |  | Institution | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Preferred Workshop Venue: | | PRETORIA |  | | REMOTE VIA ZOOM | | | | | | | | | |  | | | | | |
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**SECTION D: DECLARATION**

I (Full Name)…………………………………………………………………..declare that the information provided above is true. I understand that I must complete the whole process within a period of 3 years. Failing which I will lose of the credits gained in the sections that I have passed. I will then have to either start the process from scratch or attend an interview, depending on the recommendation of the Council.

I undertake to pay the appropriate workshop fee on invoice, before attending the workshop. I further understand that all fees paid are non-refundable neither can they be carried forward to another financial year.

I further declare that I have acquainted myself with the following documents as relevant to this application:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **DOCUMENT** | **Tick** |
| 1. | My latest SACLAP Annual Fee Invoice |  |
| 2. | The Landscape Architectural Profession Act, Act no 45 of 2000 |  |
| 3. | SACLAP Registration Policy - 4 November 2016 |  |
| 4. | SACLAP Addendum to the Registration Policy |  |
| 5. | Weighted Core Competency Table |  |
| 6. | SACLAP Rates Table – for this financial year |  |

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| --- | --- | --- | --- | --- |
| Signature |  | Place |  | Date |

**SACLAP Banking Details are as follows:**

Bank: NEDBANK

Branch: The Grove

Branch Code 194 405

Type: Current Account

Account No.: 1944 033 35 1

Reference: ***Invoice Number***

***Proof of payment to be emailed to*** [***registrar@saclap.org.za***](mailto:registrar@saclap.org.za) ***and cc to*** [***accounts@saclap.org.za***](mailto:accounts@saclap.org.za)

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|  | FOR OFFICE USE |  |  |  |
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| 1. | Date Received |  | Processed by |  |
|  |  |  |  |  |
| 2. | Date Approved |  | Approved by |  |
|  |  |  |  |  |
| 3. | Date of Approval Communication |  | Communication sent by |  |
|  |  |  |  |  |
| 4. | Database Entry |  | Entry by |  |