



SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

APPLICATION TO REGISTER WITH SACLAP AS A CANDIDATE

(In Terms of the Landscape Architectural Professions Act, No 45 of 2000 Section 18(b) I)

Category wishing to register in

- Candidate Landscape Architect Candidate Landscape Technologist
 Candidate Landscape Technician Candidate Landscape Assistant

Personal information

Full name			
Identity number			
Citizenship			
Race (Government requirement)		Gender	
Tel no		Cell no	
e-mail			
Postal address			
Postal code			

Employer Information

Employer			
Tel no			
e-mail			

Qualifications

Date

Qualifications	Date

Mentor/Sponsors

	Tel	
	Tel	

I certify that the above information is correct and that I have acquainted myself fully with the contents of the Landscape Architectural Professions Act, No 45 of 2000, and do hereby therefore make application for registration with the Council.

Signed

Place

Date