



SOUTH AFRICAN COUNCIL FOR THE LANDSCAPE ARCHITECTURAL PROFESSION

2nd Floor Block A, Corobay Corner
169 Corobay Avenue
Waterkloof Glen
0100

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

REGISTERED PROFESSIONAL NOMINATION FORM

Please scan and email to: The Registrar – Cecilia Chinga registrar@saclap.org.za

By no later than 10 June 2021

Note:

This form should be used by the **Registered Person/s** invited to nominate another Registered Person(s) in terms of section 4(1) of the Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000).

ONE form to be completed per individual nominated.

I..... registered with SACLAP as a Professional
....., registration number.....

hereby nominate the person listed herein to be considered for possible appointment by the Minister of Public Works and Infrastructure in terms of Section 3(1)(a) 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)(a)(ii) - To represent a category of registered professionals

Please find attached the Nominee's signed Acceptance Form, Curriculum Vitae, and certified copy of his/her identification document. ID (which was certified no later than 3 months ago)

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:

Signed by **the Nominator** on this day..... of..... (month) 2021.

.....
Signature

ACCEPTANCE & DECLARATION FORM BY NOMINEE

I,.....(Full name of Nominee)
 hereby accept the nomination by(Full name of Nominator),
 and make myself available as 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		
I confirm that I am willing to sign the Council Code of Conduct (downloadable from the SACLAP website).		
I confirm that I am willing to undergo a background check and a 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 the SACLAP?		

I enclose my Curriculum Vitae (as per SACLAP template) and a recently certified copy (the last 3 months) of my Identification Document, and confirm the accuracy of the information presented.

Signed aton this.....day of 2021.

.....

Signature (Nominee)