



The fee indicated on this application form is valid from 1 April 2011 to 31 March 2012 **SACAP/R0003**

APPLICATION FOR RECOGNITION OF FOREIGN QUALIFICATIONS

PLEASE NOTE:

- Applications received from persons with Foreign Qualifications will be considered by the Registrations Committee.
- Conditions for registration will be determined by the Registrations Committee.
- All applicants will be registered in one of the categories of registration as Candidates and only be upgraded to a Professional registration category after completion of the period of internship and successful completion of the Professional Practice Examination.

THE FOLLOWING MUST ACCOMPANY THE APPLICATION:

- Certified copies of qualifications*
- Certified copy of ID document and/or passport*
- Certified copy of Senior School Certificate, or equivalent*
- Certified copy of visa/work permit etc.
- Certified copy of transcript of Architectural Qualifications (in English)
- Curriculum Vitae
- Undertaking from Mentor (Template attached)
- SAQA evaluation of qualification
- Proof of payment of non-refundable admin fee **R6 270.00 (R5 500.00 + R770.00 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

**USE Z9999Z AS REFERENCE WHEN MAKING A PAYMENT
PROOF OF PAYMENT MUST ACCOMPANY THE APPLICATION**

A: PARTICULARS OF APPLICANT:

Title:

Prof	Dr	Mr	Mrs	Ms	Miss
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Surname:

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First names:

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Date of Birth:

:	:	:
D	M	Y

ID/Passport Number:

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Race:

Asian	Black	Coloured	White
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 (for statistical purposes only)

Gender:

Male	Female
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Are you Disabled?

YES	NO

If yes, state nature of Disability:

Work Telephone No:

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Home Telephone No:

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Cell Phone No:

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Facsimile No:

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Business e-mail Address:

Personal e-mail Address:

Residential address:

 Postal Code:

Postal address:

 Postal Code:

B: COUNTRY OF ORIGIN

Country of Birth:

Nationality:

Residence Status:

Date of Immigration: (If Applicable)

:	:	:
D	M	Y

 Permit No:

C: PROFESSIONAL QUALIFICATIONS

ARCHITECTURAL QUALIFICATIONS:

	Qualifications obtained	Educational Institution	Years of Study	Enrolment date	Graduation Date
Examinations passed					
A certified copy of each Qualification and a translation (if not in English) 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					

D: CONTENTS OF ARCHITECTURAL COURSE

Describe briefly the contents of the subjects which you passed during the course of architecture which you followed, or attach the syllabus

Subject	Course	Duration in Months
First year of study:		
Second year of study:		
Third year of study:		
Fourth year of study:		
Fifth year of study:		

Sixth year of study:		

E: 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:

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:

F: MEMBERSHIP OF A RECOGNISED INSTITUTE/SOCIETY OF ARCHITECTS

Were you a member of a recognised Institute/Society of Architects in your Country of origin/study

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

If YES, name the Institute/Society of Architects

Describe briefly which conditions have to be met by you in order to register as a practising architect in your country of origin/study

Are you currently 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 - GIaA					
KwaZulu-Natal Institute for Architects - KZ-NIA					
Pretoria Institute for Architects - PIA					

G: 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.

- 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:

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Council Number:

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Date Registered:

:	:	:
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