



## RULES FOR RE-REGISTRATION WITH THE SACPCMP

|   |  |
|---|--|
| <b>Version</b>  | 2  |
| <b>Revision</b>   | 1  |
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| <b>Contributors</b>   | Sindiswa Kwenaithe and Khutso Mokgehle             |
| <b>Supporting Policies/Legislation</b>                            | Project and Construction Management Act 48 of 2000 |
| <b>Owner</b>  | Registrar  |
| <b>Date Approved by Management/Executive Committee or Council</b> | 04 April 2024                                      |
| <b>Effective Date</b>   | 01 May 2024  |

### Revision History

| Version Revised | Approval Date   |
|-----------------|-----------------|
| Version 1       | 12 October 2023 |
|                 |                 |
|                 |                 |
|                 |                 |

|             | NAME    | POSITION             | SIGNATURE  | DATE       |
|-------------|---------|----------------------|--|------------|
| Approved by | COUNCIL | SACPCMP<br>President |  | 25-04-2024 |

## 1. LIST OF ANNEXURES

|                   |  |
|-------------------|--|
| <b>Annexure A</b> | Re-registration application form                     |
| <b>Annexure B</b> | Evaluation of Application for Re-registration        |
| <b>Annexure C</b> | Affidavit Template                                   |
| <b>Annexure D</b> | CPD Report for Re-Registration – Mentorship Activity |
| <b>Annexure E</b> | Prescribed Curriculum Vitae Template                 |
| <b>Annexure F</b> | Project Profile Report                               |

## 2. LIST OF DEFINITIONS AND ABBREVIATIONS

|                                    |   |
|------------------------------------|---|
| <b>SACPCMP</b>                     | South African Council for the Project and Construction Management Professions   |
| <b>Act, the</b>                    | the Project and Construction Management Profession Act 48 of 2000   |
| <b>Annual fees</b>                 | Fees prescribed by the Council that are payable annually by registered persons to renew their registration.   |
| <b>Appeal</b>                      | Refers to an application for reversal or review of a Council decision   |
| <b>Actively practice</b>           | To practice on an ongoing basis in one of the categories contemplated in section 18 and includes a person qualified in the project and construction management professions who is employed by any sphere of government or an educational institution            |
| <b>Cancellation/deregistration</b> | Refers to the cancellation of the registration of a registered person and the removal of such a person from the register.   |
| <b>Council, the</b>                | South African Council for the Project and Construction Management Professions established by section 2  |
| <b>Registered Person</b>           | A person registered under one of the categories referred to in Section 18 of the Project and Construction Management Professions Act 48 of 2000   |
| <b>CPD</b>                         | Continuing Professional Development   |
| <b>Re-registration Bundle</b>      | Refers to a series of CPD activities that address Public Policy Priority Issues (PPPI) and Personal Development requirements. The bundles are meant for registered persons who are deregistered due to CPD non-compliance or extended leave because of illness. |

### **3. APPLICABLE LEGISLATION AND/OR POLICIES**

- 3.1.** The South African Council for the Project and Construction Management Professions (SACPCMP) is empowered by section 36 of the Project and Construction Management Profession Act 48 of 2000 (the Act) to make rules with regard to any matter that is required or permitted to be prescribed in terms of the Act and any other matter for the better execution of the Act or in relation to any power granted or duty imposed by the Act.
- 3.2.** It is understood that re-registration is required following the cancellation of registration as contemplated in section 20 of the Act.
- 3.3.** These rules apply to cancellation of registration as described in section 20 (1) (iii), (3) and (4).
- 3.4.** These rules for Re-registration are premised on section 22 (2) and (3) of the Act.
- 3.5.** In the implementation of these rules the SACPCMP, to give effect to the right to administrative action that is lawful, reasonable and procedurally fair and to the right to written reasons for administrative action as contemplated in section 33 of the Constitution of the Republic of South Africa, applies the principles of the Promotion of Administrative Justice Act, Act 3 of 2000.

### **4. REQUIREMENTS FOR RE-REGISTRATION**

#### **4.1. Eligibility**

The rules for re-registration are applicable to a previously registered person who:

- 4.1.1. Was deregistered due to non-payment of annual fees or portion thereof.
- 4.1.2. Temporarily withdrew from professional practice due to extended leave because of illness.
- 4.1.3. Due to relocation no longer necessitating registration with the Council but were actively practicing in other jurisdictions.
- 4.1.4. Was deregistered due to non-compliance with Continuing Professional Development (CPD) requirements.

## **4.2. Acceptable period of non-renewal of registration**

- 4.2.1. In order for a previously registered person, whose registration was cancelled due to non-payment of annual fees, to be considered for re-registration he/she should not be deregistered for longer than 18 months.
- 4.2.2. In order for a previously registered person, whose registration was cancelled due to temporarily withdrawing from professional practice due to extended leave because of illness to be considered for re-registration he/she should not be deregistered for longer three (3) years before the application for re-registration.
- 4.2.3. In order for a previously registered person, whose registration was cancelled due to CPD non-compliance to be considered for re-registration he/she should not be deregistered for longer than 18 months.
- 4.2.4. Those who do not meet the above criteria will be required to apply for registration using the routes to registration described in the SACPCMP Registration Policy.

## **4.3. Fees and Penalties relating to re-registration**

### **4.3.1. Annual Fees Defaulters**

If a person who was previously registered and whose registration has been cancelled for reasons stated in 4.1.1 who wishes to re-register or reinstate his/her registration, such a person shall, before the application is approved, be liable for payment of the following fees:

- a) The prescribed fee (administration fee);
- b) Any arrear annual fee or portion thereof, owed up to the time of deregistration;
- c) any expenses incurred by the Council in connection with the recovery of any arrear fees; and
- d) any penalty fees imposed on him/her by the Council.



#### **4.3.2. CPD Compliance Defaulter**

If a person who was previously registered and whose registration has been cancelled for reasons stated in 4.1.4 who wishes to re-register or reinstate his/her registration, such a person shall, before the application is approved, be liable for payment of the following fees:

- a) The prescribed fee (administration fee);
- b) any penalty fees imposed on him/her by the Council.
- c) Fees related to Re-registration Bundle.

#### **4.3.3. Extended Leave because of Illness**

If a person who was previously registered and whose registration has been cancelled for reasons stated in 4.1.2 who wishes to re-register or reinstate his/her registration, such a person shall, before the application is approved, be liable for payment of the following fees:

- a) The prescribed fee (administration fee);
- b) any penalty fees imposed on him/her by the Council.
- c) Fees related to Re-registration Bundle
- d) Professional Interview for Re-registration fee

#### **4.4. Re-registration Applications**

A person who was previously registered applying for re-registration shall furnish Council with the following documents upon the request for re-registration:

##### **4.4.1. In the case of previously registered professionals and persons in specified categories deregistered due to non-payment of annual fees**

- a) Re-registration application form (Annexure A)
- b) Certified copy of ID.

##### **4.4.2. In the case of previously registered professionals and persons in specified categories temporarily withdrawn from professional practice due to extended leave because of illness**

- a) Re-registration application form (Annexure A)

- b) Doctor's or other certified medical practitioner's report
- c) Certified Copy of ID
- d) Re-registration Interview Outcome Letter
- e) Re-registration Bundle Completion Certificate

**4.4.3. In the case of previously registered professionals and specified categories actively practicing in other jurisdictions**

- a) Re-registration application form (Annexure A)
- b) A copy of an affidavit (commissioned) with a brief summary setting out that the applicant actively practiced during the cancellation/deregistration period (Annexure B).
- c) Certified copies of qualifications.
- d) Curriculum vitae (Annexure D).
- e) Certified copy of ID.
- f) A project profile report (Annexure E).
- g) Referee(s) report on work performed. Referee must be senior to the applicant during the period of cancellation, should have personal knowledge of the applicant's competencies as well as of his experience.
- h) Certified copies of letters of appointment. It is important for an applicant to state the date on which he/she was appointed.

**4.4.4. In the case of previously registered candidates deregistered due to non-payment of fees**

- a) Re-registration application form (Annexure A)
- b) Certified copies of qualifications.
- c) Curriculum vitae (Annexure D).
- d) Certified copy of ID.

**4.4.5. In the case of previously registered professionals and persons in specified categories deregistered due to CPD non-compliance**

- a) Re-registration application form (Annexure A)
- b) Certified copy of ID
- c) Proof of Professional Practice (up to deregistration date) – documented in a Curriculum Vitae (Annexure D)
- d) Successful completion of a Mentorship activity within three (3) months (Annexure C)
- e) Re-registration Bundle Completion Certificate

**5. RE-REGISTRATION PROCEDURE**

- 5.1. Documents will be reviewed and confirmed by the Registration Department.
- 5.2. Re-registration application fee is payable upon confirmation of documents has been concluded.
- 5.3. Full assessment of the re-registration application will be conducted.
- 5.4. Previously registered person temporarily withdrawn from professional practice due to extended leave because of illness will be required to:
  - 5.4.1. undergo a re-registration interview.
  - 5.4.2. purchase and complete a Re-registration Bundle.
- 5.5. A previously registered person who was deregistered due to non-compliance to CPD requirements must:
  - 5.5.1. prove adherence to the professional practice requirements prior to their deregistration (reported through a CV template Annexure D).
  - 5.5.2. purchase and complete a Re-registration Bundle.
  - 5.5.3. complete a Mentorship Activity (Annexure C).
- 5.6. If an application is approved, an invoice indicating the total amount payable will be prepared by the Finance Department and sent to the previously registered person for payment. Council will allocate payment.

**5.7.** The previously registered person whose application is approved and has paid the relevant fees, shall be re-registered as follows:

- a) retaining the registration number allocated to him/her as at the date of suspension/cancellations of registration.
- b) A new registration certificate will be made available for downloading on the registered person's profile.
- c) The registered person's profile will indicate any period of deregistration on their record.

## **6. DISQUALIFICATION CONDITIONS**

Section 19(3)(a) of the Act stipulates that:

**6.1.** 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) (refers to section 19 (3)(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 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 the Act;
- vi. if the applicant is an un-rehabilitated 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.

## 7. APPEALS

- 7.1. According to Section 24 of the Act, if an applicant is of the opinion that the SACPCMP in its refusal to register him or her, or to cancel his or her registration did not comply with section 33 of the Constitution, that applicant may appeal to the Council against that decision.
- 7.2. To appeal the aggrieved applicant must:
  - 7.2.1. make payment of the prescribed fees and
  - 7.2.2. lodge the appeal within 30 days from the date on which the refusal came to their knowledge,
- 7.3. Appeals are governed by the SACPCMP's Appeal Policy.

ANNEXURE A



|                                  |                          |
|----------------------------------|--------------------------|
| <b>Application Reference No.</b> | <i>Year/month/MM No.</i> |
|----------------------------------|--------------------------|

**APPLICATION FOR REREGISTRATION**

**A. PREVIOUSLY REGISTERED PERSON'S DETAILS**

|                                  |               |  |
|----------------------------------|---------------|--|
| <b>Title (Dr/Mr/Mrs/Ms/Prof)</b> |               |  |
| <b>Name/s</b>                    |               |  |
| <b>Surname</b>                   |               |  |
| <b>ID or Passport no.</b>        |               |  |
| <b>Registration no.</b>          |               |  |
| <b>Professional Designation</b>  |               |  |
| <b>Postal Address</b>            |               |  |
| <b>Contact details</b>           | <b>Tel.</b>   |  |
|                                  | <b>Mobile</b> |  |
|                                  | <b>E-mail</b> |  |

**B. DEREGISTRATION DETAILS**

|   |   |  |
|---|---|--|
| <b>Reason for deregistration</b><br><i>(tick ✓ applicable option)</i> | Non-payment of annual fees  |  |
|   | CPD Non-Compliance  |  |
|   | Temporary withdrawal from professional practice - extended leave necessitating withdrawal from professional practice due to illness |  |
|   | Relocation  |  |
|   | <ul style="list-style-type: none"> <li>• Actively practicing in another jurisdiction</li> <li>• Not actively practicing</li> </ul>  |  |
|   |   |  |
| <b>Period of deregistration</b><br><i>(tick ✓ applicable option)</i>  | 18 months or less   |  |
|   | Between 19 months to 36 months  |  |
|   | Other   |  |
|   | State number of years here if options above are not applicable  |  |
|   |   |  |



## ANNEXURE B



### EVALUATION OF APPLICATION FOR REREGISTRATION

|  |  |
|--|--|
| <b>Title (Dr/Mr/Mrs/Ms/Prof)</b>       |  |
| <b>Name/s and Surname</b>              |  |
| <b>ID or Passport no.</b>              |  |
| <b>Registration no.</b>                |  |
| <b>Professional Designation</b>        |  |
| <b>Re-registration Application No.</b> |  |

#### A. DOCUMENT VERIFICATION (ADMINISTRATOR)

*Confirmation of supporting documents (tick ✓ if submitted)*

|                         |  |   |  |
|-------------------------|--|---|--|
| <b>All Applications</b> |  | Certified copy of ID                                      |  |
| <b>i</b>                | <b>Extended leave because of illness</b> | Doctor's or other certified medical practitioner's report |  |
| <b>ii</b>               | <b>Practicing in other jurisdictions</b> | Affidavit   |  |
|                         |  | A project profile report                                  |  |
|                         |  | Referee(s) report   |  |
|                         |  | Certified copies of letters of appointment                |  |
|                         |  | Curriculum vitae  |  |
| <b>iii</b>              | <b>Candidates</b>                        | Curriculum vitae  |  |
|                         |  | Certified copies of qualifications                        |  |
| <b>Comments:</b>        |  |   |  |
|                         |  |   |  |

**B. APPLICATION VERIFICATION (COORDINATOR)**

|   |  |
|---|--|
| <b>Verified by:</b>                                   |  |
| All required supporting documentation submitted (Y/N) |  |
| Supporting documentation meets criteria (Y/N)         |  |
| Comments:   |  |
| <b>Date</b>   |  |
| <b>Signature</b>                                      |  |

**C. RE-REGISTRATION APPLICATION ASSESSMENT OUTCOME**

|  |  |
|--|--|
| <b>Decision made by:</b>   |  |
| <b>Decision</b> ( <i>tick (✓) appropriate option and provide reason for decision</i> ) |  |
| Re-registration application approved   |  |
| Reasons  |  |
| Re-registration application rejected   |  |
| Reasons  |  |
| <b>Date</b>  |  |
| <b>Signature</b>   |  |

**ANNEXURE C**

**AFFIDAVIT TEMPLATE**

I, \_\_\_\_\_ ID number, \_\_\_\_\_

do hereby declare that:

*brief summary setting out that the applicant actively practiced during the cancellation/deregistration period here.*

Under penalty of Professional Code of Conduct violation, I hereby declare that the above stated facts, to the best of my knowledge, are true and correct. I am executing the affidavit fully aware that I will be subject to criminal, civil and/or administrative liabilities for any fraud or misrepresentation on my application for re-registration with the SACPCMP.

Dated this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

**Signature:** \_\_\_\_\_

**Name of  
Commissioner of  
Oaths:**

\_\_\_\_\_

**Force No./Rank:**

\_\_\_\_\_

**Physical/Postal  
Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Commissioner of Oath/South African  
Police Service Station Stamp:**

\_\_\_\_\_

**CPD REPORT FOR RE-REGISTRATION – MENTORSHIP ACTIVITY**

**A. PREVIOUSLY REGISTERED PERSON'S DETAILS**

|                           |  |
|---------------------------|--|
| Title (Dr/Mr/Mrs/Ms/Prof) |  |
| Full Names                |  |
| PCM/CHS/BI Number         |  |
| Professional Designation  |  |

**B. CANDIDATE'S DETAILS**

|                           |  |
|---------------------------|--|
| Title (Dr/Mr/Mrs/Ms/Prof) |  |
| Full Names                |  |
| PCM/CHS/BI Number         |  |
| Professional Designation  |  |

**C. MENTORSHIP COMPETENCY AREAS**

*Tick one activity you will undertake with an SACPCMP registered candidate.*

| PCM COMPETENCY AREAS                                     |  | CHS COMPETENCY AREAS                                  |  |
|--|--|---|--|
| Ethics, Professionalism and Code of conduct              |  | Ethics, Professionalism and Code of conduct           |  |
| Communication and Team Building                          |  | Health and Safety Management                          |  |
| Programming and Scheduling                               |  | Health and Safety Management systems                  |  |
| Procurement and Tendering                                |  | Health and Safety Performance (audit and reviews)     |  |
| Contracts and Project Administration                     |  | Health and Safety Hazards Identification              |  |
| Risk Management  |  | Health and Safety Risk Management                     |  |
| Feasibility Analysis, Project Cost Control and Appraisal |  | People and Health and Safety Culture                  |  |
| Health, Safety Management and Rules and Regulations      |  | Health and Safety Standards                           |  |
| Conflict Resolution and Management                       |  | Innovation and Technology in Health and Safety        |  |
| Stakeholder Management                                   |  | Health and Safety Procurement Management              |  |
| Construction Technology and Innovation                   |  | Health and Safety Cost Management                     |  |
| Sustainable Construction and Management                  |  | Health and Safety Accident and Incident Investigation |  |
| BIM Management   |  | Health, Hygiene and Environmental Management          |  |
| Financial Modelling and Project Finance                  |  | Health and Safety Communication Management            |  |
| Environmental Management                                 |  | Emergency Preparedness Management                     |  |







## **EDUCATIONAL QUALIFICATIONS**

*All applicable fields to be completed: (If allowed fields not sufficient, please copy and attach page)*

|   |  |                    |               |   |   |
|---|--|--------------------|---------------|---|---|
| <b>Matric (Grade 12) / National Senior Certificate:</b> |  |                    | Copy Attached | Y | N |
| Year obtained:  |  | Country of origin: |               |   |   |

|   |   |   |               |   |   |   |   |  |
|---|---|---|---------------|---|---|---|---|--|
| <b>Tertiary Qualifications: Qualification 1</b> |   |   | Copy Attached | Y | N |   |   |  |
| Qualification obtained:                         |   |   |               |   |   |   |   |  |
| Month & Year obtained:                          | Y | Y | Y             | Y | / | M | M | Name of Institution & Country obtained from: |
| Details of Qualification:                       |   |   |               |   |   |   |   |  |
|   |   |   |               |   |   |   |   |  |
|   |   |   |               |   |   |   |   |  |
|   |   |   |               |   |   |   |   |  |

|   |   |   |               |   |   |   |   |                      |
|---|---|---|---------------|---|---|---|---|----------------------|
| <b>Tertiary Qualifications: Qualification 2</b> |   |   | Copy Attached | Y | N |   |   |                      |
| Qualification obtained:                         |   |   |               |   |   |   |   |                      |
| Month & Year obtained:                          | Y | Y | Y             | Y | / | M | M | Name of Institution: |
| Details of Qualification:                       |   |   |               |   |   |   |   |                      |
|   |   |   |               |   |   |   |   |                      |
|   |   |   |               |   |   |   |   |                      |
|   |   |   |               |   |   |   |   |                      |

|   |   |   |               |   |   |   |   |                      |
|---|---|---|---------------|---|---|---|---|----------------------|
| <b>Tertiary Qualifications: Qualification 3</b> |   |   | Copy Attached | Y | N |   |   |                      |
| Qualification obtained:                         |   |   |               |   |   |   |   |                      |
| Month & Year obtained:                          | Y | Y | Y             | Y | / | M | M | Name of Institution: |
| Details of Qualification:                       |   |   |               |   |   |   |   |                      |
|   |   |   |               |   |   |   |   |                      |

|  |
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|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|---|--|---|---------|---|---|----------|---|---|----------------------|--|---------------|-------|---|
| <b>Short courses/Diplomas/Certificates obtained</b> |  |   |         |   |   |          |   |   |                      |  | Copy Attached | Y     | N |
| Certificate/Diploma obtained:                       |  |   |         |   |   |          |   |   |                      |  |               |       |   |
| Duration of course:                                 |  |   | Day(s): |   |   | Week(s): |   |   | Month(s):            |  |               | Year: |   |
| Month & Year obtained:                              |  | Y | Y       | Y | Y | /        | M | M | Name of Institution: |  |               |       |   |
| Details of Certificate/Diploma:                     |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |

|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|---|--|---|---------|---|---|----------|---|---|----------------------|--|---------------|-------|---|
| <b>Short courses/Diplomas/Certificates obtained</b> |  |   |         |   |   |          |   |   |                      |  | Copy Attached | Y     | N |
| Certificate/Diploma obtained:                       |  |   |         |   |   |          |   |   |                      |  |               |       |   |
| Duration of course:                                 |  |   | Day(s): |   |   | Week(s): |   |   | Month(s):            |  |               | Year: |   |
| Month & Year obtained:                              |  | Y | Y       | Y | Y | /        | M | M | Name of Institution: |  |               |       |   |
| Details of Certificate/Diploma:                     |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |
|   |  |   |         |   |   |          |   |   |                      |  |               |       |   |

|   |  |  |         |  |  |          |  |  |           |  |               |       |   |
|---|--|--|---------|--|--|----------|--|--|-----------|--|---------------|-------|---|
| <b>Short courses/Diplomas/Certificates obtained</b> |  |  |         |  |  |          |  |  |           |  | Copy Attached | Y     | N |
| Certificate/Diploma obtained:                       |  |  |         |  |  |          |  |  |           |  |               |       |   |
| Duration of course:                                 |  |  | Day(s): |  |  | Week(s): |  |  | Month(s): |  |               | Year: |   |

|                                 |   |   |   |   |   |   |   |  |  |  |  |                      |  |
|---------------------------------|---|---|---|---|---|---|---|--|--|--|--|----------------------|--|
| Month & Year obtained:          |   |   |   |   |   |   |   |  |  |  |  | Name of Institution: |  |
|                                 | Y | Y | Y | Y | / | M | M |  |  |  |  |                      |  |
| Details of Certificate/Diploma: |   |   |   |   |   |   |   |  |  |  |  |                      |  |
|                                 |   |   |   |   |   |   |   |  |  |  |  |                      |  |
|                                 |   |   |   |   |   |   |   |  |  |  |  |                      |  |
|                                 |   |   |   |   |   |   |   |  |  |  |  |                      |  |

### **MEMBERSHIP OF PROFESSIONAL/VOLUNTARY ASSOCIATIONS/INSTITUTIONS**

*In this section you are required to include membership of professional bodies that you are registered with, year of being registered and class of registration with the latest being first. If given any award that is of a professional nature, you should also detail what the award was on, by which institution and on what year it was.*

|                          |  |                      |  |                |   |
|--------------------------|--|----------------------|--|----------------|---|
| Statutory Council        |  | Category Registr.    |  | Registr. No.   |   |
| 1st Year Registration    |  | Current Registr. No. |  |                |   |
| Association/ Institution |  | Membership Category  |  | Membership No. |   |
| 1st Year Registration    |  | Current Registr. No. |  |                |   |
| Copies attached          |  |                      |  | Y              | N |

### **CAREER HISTORY/ WORK EXPERIENCE WITH REFEREES**

*You should begin with putting the name of the organisation you worked for, location (city and country), list the most recent first, the duration you held the post and the title of your position. After this, you should in bulleted format narrate the responsibilities in the position you held. You should include the name of the person you worked under, the position he/she held and full contact details. You should ensure that these are names of people who know you well and you are urged to inform them that you are placing their names as reference as Council reserves the right to call them for verification purposes.*

| <b>Current Employment</b> |  |                                     |  |   |   |   |   |   |   |   |
|---------------------------|--|-------------------------------------|--|---|---|---|---|---|---|---|
| Name of Employer:         |  |                                     |  |   |   |   |   |   |   |   |
|                           |  | 1 <sup>st</sup> Date of employment: |  |   |   |   |   |   |   |   |
|                           |  |                                     |  | Y | Y | Y | Y | / | M | M |

|   |  |                                  |   |   |   |   |   |          |   |
|---|--|----------------------------------|---|---|---|---|---|----------|---|
| Nature of Business: (i.e. Engineers, Architect, PM's, etc.) |  | Current/Last Date of employment: | Y | Y | Y | Y | / | M        | M |
| Your designated/appointed position at Employer:             |  |                                  |   |   |   |   |   |          |   |
| Short description of Key Performance Areas:                 |  |                                  |   |   |   |   |   |          |   |
|   |  |                                  |   |   |   |   |   |          |   |
|   |  |                                  |   |   |   |   |   |          |   |
| Contact Reference – Name:                                   |  | Designation:                     |   |   |   |   |   |          |   |
| Contact Details:  |  | Tel no: W                        |   |   |   |   |   | Cell no: |   |

| Previous Employment (1)                                     |  |                                     |   |   |   |   |   |          |   |
|---|--|-------------------------------------|---|---|---|---|---|----------|---|
| Name of Employer:   |  |                                     |   |   |   |   |   |          |   |
|   |  | 1 <sup>st</sup> Date of employment: | Y | Y | Y | Y | / | M        | M |
| Nature of Business: (i.e. Engineers, Architect, PM's, etc.) |  | Last Date of employment:            | Y | Y | Y | Y | / | M        | M |
| Your designated/appointed position at Employer:             |  |                                     |   |   |   |   |   |          |   |
| Short description of Key Performance Areas:                 |  |                                     |   |   |   |   |   |          |   |
|   |  |                                     |   |   |   |   |   |          |   |
|   |  |                                     |   |   |   |   |   |          |   |
|   |  |                                     |   |   |   |   |   |          |   |
| Contact Reference – Name:                                   |  | Designation:                        |   |   |   |   |   |          |   |
| Contact Details:  |  | Tel no: W                           |   |   |   |   |   | Cell no: |   |

| Previous Employment (2)                                     |  |                                     |   |              |   |   |   |          |   |
|---|--|-------------------------------------|---|--------------|---|---|---|----------|---|
| Name of Employer:   |  |                                     |   |              |   |   |   |          |   |
|   |  | 1 <sup>st</sup> Date of employment: | Y | Y            | Y | Y | / | M        | M |
| Nature of Business: (i.e. Engineers, Architect, PM's, etc.) |  | Last Date of employment:            | Y | Y            | Y | Y | / | M        | M |
| Your designated/appointed position at Employer:             |  |                                     |   |              |   |   |   |          |   |
| Short description of Key Performance Areas:                 |  |                                     |   |              |   |   |   |          |   |
|   |  |                                     |   |              |   |   |   |          |   |
|   |  |                                     |   |              |   |   |   |          |   |
| Contact Reference – Name:                                   |  | Designation:                        |   |              |   |   |   |          |   |
| Contact Details:  |  |                                     |   | Tel no:<br>W |   |   |   | Cell no: |   |

| Previous Employment (3)                                     |  |                                     |   |   |   |   |   |   |   |
|---|--|-------------------------------------|---|---|---|---|---|---|---|
| Name of Employer:   |  |                                     |   |   |   |   |   |   |   |
|   |  | 1 <sup>st</sup> Date of employment: | Y | Y | Y | Y | / | M | M |
| Nature of Business: (i.e. Engineers, Architect, PM's, etc.) |  | Last Date of employment:            | Y | Y | Y | Y | / | M | M |
| Your designated/appointed position at Employer:             |  |                                     |   |   |   |   |   |   |   |
| Short description of Key Performance Areas:                 |  |                                     |   |   |   |   |   |   |   |
|   |  |                                     |   |   |   |   |   |   |   |
|   |  |                                     |   |   |   |   |   |   |   |
| Contact Reference – Name:                                   |  | Designation:                        |   |   |   |   |   |   |   |

|                  |  |              |  |          |
|------------------|--|--------------|--|----------|
| Contact Details: |  | Tel no:<br>W |  | Cell no: |
|------------------|--|--------------|--|----------|

| Previous Employment (4)                                     |  |                                     |   |   |   |   |   |          |   |
|---|--|-------------------------------------|---|---|---|---|---|----------|---|
| Name of Employer:   |  |                                     |   |   |   |   |   |          |   |
|   |  | 1 <sup>st</sup> Date of employment: | Y | Y | Y | Y | / | M        | M |
| Nature of Business: (i.e. Engineers, Architect, PM's, etc.) |  | Last Date of employment:            | Y | Y | Y | Y | / | M        | M |
| Your designated/appointed position at Employer:             |  |                                     |   |   |   |   |   |          |   |
| Short description of Key Performance Areas:                 |  |                                     |   |   |   |   |   |          |   |
|   |  |                                     |   |   |   |   |   |          |   |
| Contact Reference – Name:                                   |  | Designation:                        |   |   |   |   |   |          |   |
| Contact Details:  |  | Tel no:<br>W                        |   |   |   |   |   | Cell no: |   |





## PROJECT PROFILE REPORT

## A. APPLICANT INFORMATION

|  |        |  |
|--|--------|--|
| Title (Dr/Mr/Mrs/Ms/Prof)              |        |  |
| Name/s                                 |        |  |
| Surname                                |        |  |
| ID or Passport no.                     |        |  |
| Designation for which you are applying |        |  |
| Postal Address                         |        |  |
| Contact details                        | Tel.   |  |
|  | Mobile |  |
|  | E-mail |  |

## B. PROJECT(S) REPORT

| PROJECT 1                                    |                                     |  |
|--|-------------------------------------|--|
| <b>1. Project Details</b>                    |                                     |  |
| Name of Project                              |                                     |  |
| Duration of project ( <i>provide dates</i> ) |                                     |  |
| Type and description of Project              |                                     |  |
| Total value of Project                       |                                     |  |
| Geographical location of Project             |                                     |  |
| Client Details                               | Name of Client                      |  |
|  | Full Names of Client Representative |  |
|  | Position                            |  |
|  | Tel.                                |  |
|  | Mobile                              |  |
|  | E-mail                              |  |

|   |  |  |  |   |  |   |  |   |  |   |  |   |  |
|---|--|--|--|---|--|---|--|---|--|---|--|---|--|
| <b>List of participating Organisations</b><br><i>(bulleted list)</i>  |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Your specific role and position</b> <i>(with a description of reporting lines)</i>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>2. Full Report</b>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Which stage(s) were you involved in?</b><br><i>(Indicate with a cross)</i>   |  | 1  |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  |
| <b>Describe your role according to the relevant project stages as it relates to this project and your registration category</b> |  | Stage 1                                    |  |   |  |   |  |   |  |   |  |   |  |
|   |  | Stage 2                                    |  |   |  |   |  |   |  |   |  |   |  |
|   |  | Stage 3                                    |  |   |  |   |  |   |  |   |  |   |  |
|   |  | Stage 4                                    |  |   |  |   |  |   |  |   |  |   |  |
|   |  | Stage 5                                    |  |   |  |   |  |   |  |   |  |   |  |
|   |  | Stage 6                                    |  |   |  |   |  |   |  |   |  |   |  |
| <b>PROJECT 2</b>  |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>1. Project Details</b>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Name of Project</b>  |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Duration of project</b> <i>(provide dates)</i>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Type and description of Project</b>  |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Total value of Project</b>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Geographical location of Project</b>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Client Details</b>   |  | <b>Name of Client</b>                      |  |   |  |   |  |   |  |   |  |   |  |
|   |  | <b>Full Names of Client Representative</b> |  |   |  |   |  |   |  |   |  |   |  |
|   |  | <b>Position</b>                            |  |   |  |   |  |   |  |   |  |   |  |
|   |  | <b>Tel.</b>                                |  |   |  |   |  |   |  |   |  |   |  |
|   |  | <b>Mobile</b>                              |  |   |  |   |  |   |  |   |  |   |  |
|   |  | <b>E-mail</b>                              |  |   |  |   |  |   |  |   |  |   |  |
| <b>List of participating Organisations</b><br><i>(bulleted list)</i>  |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Your specific role and position</b> <i>(with a description of reporting lines)</i>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>2. Full Report</b>   |  |  |  |   |  |   |  |   |  |   |  |   |  |
| <b>Which stage(s) were you involved in?</b><br><i>(Indicate with a cross)</i>   |  | 1  |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  |

|  |         |  |
|--|---------|--|
| Describe your role according to the project stages as it relates to this project | Stage 1 |  |
|  | Stage 2 |  |
|  | Stage 3 |  |
|  | Stage 4 |  |
|  | Stage 5 |  |
|  | Stage 6 |  |

**PROJECT 3**

**1. Project Details**

|  |                                     |  |
|--|-------------------------------------|--|
| Name of Project  |                                     |  |
| Duration of project ( <i>provide dates</i> )                                     |                                     |  |
| Type and description of Project  |                                     |  |
| Total value of Project   |                                     |  |
| Geographical location of Project   |                                     |  |
| Client Details   | Name of Client                      |  |
|  | Full Names of Client Representative |  |
|  | Position                            |  |
|  | Tel.                                |  |
|  | Mobile                              |  |
|  | E-mail                              |  |
| List of participating Organisations ( <i>bulleted list</i> )                     |                                     |  |
| Your specific role and position ( <i>with a description of reporting lines</i> ) |                                     |  |

**2. Full Report**

|  |         |  |   |  |   |  |   |  |   |  |   |  |
|--|---------|--|---|--|---|--|---|--|---|--|---|--|
| Which stage(s) were you involved in? ( <i>Indicate with a cross</i> )            | 1       |  | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  |
| Describe your role according to the project stages as it relates to this project | Stage 1 |  |   |  |   |  |   |  |   |  |   |  |
|  | Stage 2 |  |   |  |   |  |   |  |   |  |   |  |
|  | Stage 3 |  |   |  |   |  |   |  |   |  |   |  |
|  | Stage 4 |  |   |  |   |  |   |  |   |  |   |  |
|  | Stage 5 |  |   |  |   |  |   |  |   |  |   |  |

|   |  |   |   |   |   |   |  |
|---|--|---|---|---|---|---|--|
|   | Stage 6                                    |   |   |   |   |   |  |
| <b>PROJECT 4</b>  |  |   |   |   |   |   |  |
| <b>1. Project Details</b>   |  |   |   |   |   |   |  |
| <b>Name of Project</b>  |  |   |   |   |   |   |  |
| <b>Duration of project (provide dates)</b>  |  |   |   |   |   |   |  |
| <b>Type and description of Project</b>  |  |   |   |   |   |   |  |
| <b>Total value of Project</b>   |  |   |   |   |   |   |  |
| <b>Geographical location of Project</b>   |  |   |   |   |   |   |  |
| <b>Client Details</b>   | <b>Name of Client</b>                      |   |   |   |   |   |  |
|   | <b>Full Names of Client Representative</b> |   |   |   |   |   |  |
|   | <b>Position</b>                            |   |   |   |   |   |  |
|   | <b>Tel.</b>                                |   |   |   |   |   |  |
|   | <b>Mobile</b>                              |   |   |   |   |   |  |
|   | <b>E-mail</b>                              |   |   |   |   |   |  |
| <b>List of participating Organisations (bulleted list)</b>                              |  |   |   |   |   |   |  |
| <b>Your specific role and position (with a description of reporting lines)</b>          |  |   |   |   |   |   |  |
| <b>2. Full Report</b>   |  |   |   |   |   |   |  |
| <b>Which stage(s) were you involved in? (Indicate with a cross)</b>                     | 1  | 2 | 3 | 4 | 5 | 6 |  |
| <b>Describe your role according to the project stages as it relates to this project</b> | <b>Stage 1</b>                             |   |   |   |   |   |  |
|   | <b>Stage 2</b>                             |   |   |   |   |   |  |
|   | <b>Stage 3</b>                             |   |   |   |   |   |  |
|   | <b>Stage 4</b>                             |   |   |   |   |   |  |
|   | <b>Stage 5</b>                             |   |   |   |   |   |  |
|   | <b>Stage 6</b>                             |   |   |   |   |   |  |

