

**EVALUATION OF APPLICATION FOR RE-REGISTRATION**

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

1. **DOCUMENT VERIFICATION (ADMINISTRATOR)**

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

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| **All Registration Category Applications** |
| **i** | **Extended leave because of illness** | Certified copy of ID |  |
| Doctor’s or other certified medical practitioner’s report  |  |
| **ii** | **Practicing in other jurisdictions** | Certified copy of ID |  |
| Affidavit  |  |
| A project profile report  |  |
| Referee(s) report  |  |
| Certified copies of letters of appointment  |  |
| Curriculum vitae |  |
| Certified copies of qualifications  |  |
| **iii** | **Not actively practicing in the industry** | Certified copy of ID |  |
| **iv** | **Non-payment of annual fees** | Certified copy of ID |  |
| **v** | **CPD Non-Compliance** | Certified copy of ID |  |
| **vi** | **Candidates** | Certified copy of ID |  |
| Curriculum vitae |  |
| Certified copies of qualifications  |  |
| **Comments:** |

1. **APPLICATION VERIFICATION (COORDINATOR)**

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

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

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