



The South African Council for Project and Construction Management Professions
PROJECT AND CONSTRUCTION MANAGEMENT PROFESSIONS ACT 48 OF 2000

APPLICATION FOR REGISTRATION

P. O. Box 6286 Halfway House 1685

B9 International Business Gateway, Corner of New Road and Sixth Road, MIDRAND

Tel: (011) 318 3402/3/4

Fax: (011) 318 3405

E-mail: registrations@sacpcmp.co.za

Website: www.sacpcmp.co.za

APPLICANTS ARE TO COMPLETE ALL SECTIONS OF THE APPLICATION FORM

SECTION A	Personal Particulars of Applicant
SECTION B	Category of Registration Being Applied For
SECTION C	Educational Qualifications
SECTION D	Other Professional Qualifications / Registration with Professional Institutions
SECTION E	Practical Experience in Construction Mentorship
SECTION F	Details of Current Employment
SECTION G	Declaration
SECTION H	Documents submitted with Application

SECTION A: PERSONAL PARTICULARS OF APPLICANT

Type of Identification (Mark with an X)	RSA ID-Document <input type="checkbox"/>	Foreign ID-Document <input type="checkbox"/>
Identification No.:	<input type="text"/>	
Country of Issue	<input type="text"/>	
Title (Mark with an X)	Dr. <input type="checkbox"/>	Prof. <input type="checkbox"/>
	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
	Ms. <input type="checkbox"/>	Rev <input type="checkbox"/>
Gender (Mark with an X)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic Group (Strictly for statistical purpose only)	B <input type="checkbox"/>	W <input type="checkbox"/>
	C <input type="checkbox"/>	I <input type="checkbox"/>
	Other <input type="text"/>	
Surname	<input type="text"/>	
Initials and First Name	<input type="text"/>	
Date of Birth	<input type="text"/> : <input type="text"/> : <input type="text"/>	
	Day	Month
E-mail Address	<input type="text"/>	
Telephone No.	<input type="text"/>	
Cell No.	<input type="text"/>	
Fax No.	<input type="text"/>	
Postal Address	<input type="text"/>	
	Postal Code	<input type="text"/>
Physical Address	<input type="text"/>	
	Postal Code	<input type="text"/>
Address where communications must be sent (Mark with an X)	Postal Address <input type="checkbox"/>	Physical Address <input type="checkbox"/>

SECTION B: CATEGORY OF REGISTRATION BEING APPLIED FOR

Category of registration being applied for (Mark with an X)

Category Professional Construction Mentor

State whether any previous application(s) had been refused, and if so, when and reasons for refusal

SECTION C: EDUCATIONAL QUALIFICATIONS

Names and address of Tertiary / University Institution	Qualifications Obtained	Year of Graduation
<p>Note Attach certified copies of above qualification certificates</p>		

SECTION D: PROFESSIONAL QUALIFICATIONS / REGISTRATION WITH PROFESSIONAL INSTITUTIONS

D1 - Names and address of Association / Institution	Registration / Membership	Year of Membership
<p>D2 - Evidence of Continuous Professional Development (CPD)</p>		
<p>Note Attach certified copies of above qualification, registration or membership certificates</p>		

SECTION H: DOCUMENTS SUBMITTED WITH THIS APPLICATION

Please submit the following documents with the application (Mark with an X)		For Office Use
1 Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>
2 Certified copy of Identification Documents	<input type="checkbox"/>	<input type="checkbox"/>
3 Certified copies of relevant certificates	<input type="checkbox"/>	<input type="checkbox"/>
4 List of Projects involved in (in format prescribed)	<input type="checkbox"/>	<input type="checkbox"/>
5 Project Report	<input type="checkbox"/>	<input type="checkbox"/>
6 Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>
7 Psychometric test	<input type="checkbox"/>	<input type="checkbox"/>
8 Payment of Application Fee		
Cheque	<input type="checkbox"/>	<input type="checkbox"/>
Postal Order	<input type="checkbox"/>	<input type="checkbox"/>
Bank Deposit Slip	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Payment Slip	<input type="checkbox"/>	<input type="checkbox"/>
Bank Payment by EFT (Old Mutual)	<input type="checkbox"/>	<input type="checkbox"/>
SACPCMP Bank Account Details		
Name of Bank: NEDBANK	Account Name: SACPCMP	
Branch Name: CENTRAL BUSINESS	Branch Code: 128405	Account No. 1284064557

FOR OFFICE USE ONLY																					
Fees Paid and Receipt Number	R _____ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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Day		Month		Year																	

AUTHORIZATION OF REGISTRATION (To be completed after Council Approval)	
Category of Registration	Pr Cmentor <input type="checkbox"/>
	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Signature _____	

Date of Authorization

:	:	
Day	Month	Year

REFERRAL FORM FOR PSYCHOMETRIC TEST

Dear Service Provider,

The applicant would like to register with the Council as a Professional Mentor. He / She would like to be evaluated and understands that it is a mandatory requirement for registration.

The following tests need to be conducted :

- 1 16 Personality Factor Test (16 PF)
- 2 The Personal, Home and Social Functioning Questionnaire (PHSF)
- 3 The Thematic Apperceptive Test (TATA)

Name of Applicant : _____

I.D. Number : _____

Signature of Applicant : _____

Name and Address of Service Provider :

Practice Number : _____

Date Assessed : _____

Kindly email or fax results to : Registrations@sacpcmp.co.za / Fax [011 318-3405](tel:0113183405)

For enquiries contact the Registrations Manager at: 011 318 3405

FEES

Application fee (non-refundable)	R 342.00
Registration fee	R 228.00
Annual fees	R 1 602.61
Appeal fees	R 342.00
Examination fee	R855.00 per module
Professional interview	R 456.00

All cocts are inclusive of VAT.