



The South African Council for the Project and Construction Management Professions

PROJECT AND CONSTRUCTION MANAGEMENT PROFESSIONS ACT NO.48 OF 2000

APPLICATION FOR REGISTRATION

P. O. Box 6286 Halfway House 1685
 1st Floor Gateway Creek, International Business Gateway, Corner of New Road and Sixth Road, MIDRAND

Tel: (011) 318 3402/3/4 Fax: (011) 318 3405 E-mail: admin@sacpcmp.co.za Website: www.sacpcmp.org.za
No Faxed or E-mailed Applications will be accepted.

APPLICANTS ARE TO COMPLETE ALL SECTIONS OF THIS 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 and / or Construction Management
SECTION F	Details of Current Employment
SECTION G	Declaration
SECTION H	Documents to be submitted with this Application Form

SECTION A: PERSONAL PARTICULARS OF APPLICANT

Type of Identification (Mark with 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 X)	Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Rev <input type="checkbox"/>
Gender (Mark with X)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic Group (Strictly for statistical purposes only)	Black <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Coloured <input type="checkbox"/> Other <input type="checkbox"/>
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 Year
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"/>
Province	<input type="text"/>
Address where communications must be sent (Mark with 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 X, only one Category)

Category	Professional Construction Mentor	<input type="checkbox"/>
	Construction Mentor	<input type="checkbox"/>

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	Qualifications Obtained	Year of Graduation

Note
Attach certified copies of above qualification certificates

SECTION D: PROFESSIONAL QUALIFICATIONS / REGISTRATION WITH PROFESSIONAL INSTITUTIONS

D1 - Names and address of Association / Institution	Registration / Membership	Year of Membership

D2 - Evidence of Continuous Professional Development (CPD)

Note
Attach certified copies of above qualification, registration or membership certificates

SECTION E: PRACTICAL EXPERIENCE IN THE FIELD OF CONSTRUCTION MENTORSHIP AND / OR CONSTRUCTION MANAGEMENT

Do you consider yourself to have obtained the necessary and relevant 10 years of practical experience in the field of Construction Mentorship and / or Construction Management (Mark with X)	Yes	<input style="width: 80%;" type="checkbox"/>
	Not Necessary	<input style="width: 80%;" type="checkbox"/>
If yes, attach documentary evidence of practical experience as prescribed below (Mark with X if attached)		
1 List of projects worked on in the last 4 years in the format as per Annexure A1 of this Application Form		<input style="width: 80%;" type="checkbox"/>
2 Project Report as prescribed in Annexure A2 of this Application Form		<input style="width: 80%;" type="checkbox"/>
Are you currently engaged in the field of Construction Mentorship and / or Construction Management?		
	Yes	<input style="width: 80%;" type="checkbox"/>
	No	<input style="width: 80%;" type="checkbox"/>

SECTION F: DETAILS OF CURRENT EMPLOYMENT

Name of Employer	<input style="width: 95%;" type="text"/>																				
Address of Employer	<input style="width: 95%; height: 40px;" type="text"/>																				
Tel No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> </tr> </table>	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]		
Fax No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> <td style="width: 10%; text-align: center;">[]</td> </tr> </table>	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]		
Job Title	<input style="width: 95%;" type="text"/>																				
Outline of Job Description	<input style="width: 95%; height: 40px;" type="text"/>																				
Name of Supervisor	<input style="width: 95%;" type="text"/>																				

SECTION G: DECLARATION

I, the applicant, hereby declare that:	
a.	I am not disqualified in terms of Section 19 (3) of the Project and Construction Management Professions Act from being registered in the category applied for
b.	I am not subject to suspension from registration by any other professional body
c.	I have read and understood the Registration Policy and guidelines and have no objections to it.
d.	All the particulars and documents submitted are in every respect true and correct and have been lawfully obtained, and I have no objection to the verification of the authenticity of the documents.
e.	I will abide by the Code of Conduct for registered persons
Signature of Applicant _____	Date _____
No Faxed or E-mailed Applications will be accepted.	

SECTION H: DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION FORM

Please submit the following documents with this Application Form (Mark with X)

- | | |
|--|--------------------------|
| 1. Completed Application Form | <input type="checkbox"/> |
| 2. Certified copy of Identification Document | <input type="checkbox"/> |
| 3. Certified copies of relevant certificates | <input type="checkbox"/> |
| 4. List of Projects involved in (in format prescribed below) | <input type="checkbox"/> |
| 5. Project Report | <input type="checkbox"/> |
| 6. Curriculum Vitae | <input type="checkbox"/> |
| 7. Psychometric test | <input type="checkbox"/> |
| 8. Payment of Application Fee | |
| Cheque | <input type="checkbox"/> |
| Postal Order | <input type="checkbox"/> |
| Bank Deposit Slip | <input type="checkbox"/> |
| Electronic Payment Slip | <input type="checkbox"/> |
| Bank Payment by EFT (Old Mutual) | <input type="checkbox"/> |

For Office Use
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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 _____ <input style="width: 80%; height: 20px;" type="text"/>						
Date of Receipt of Application	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"><input type="text"/></td> <td style="width: 33%; height: 20px;"><input type="text"/></td> <td style="width: 33%; height: 20px;"><input type="text"/></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Day	Month	Year					

AUTHORIZATION OF REGISTRATION (To be completed after Council Approval)							
Category of Registration	Pr. CMentor <input type="checkbox"/> CMentor <input type="checkbox"/>						
	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>						
Signature _____							
Date of Authorization	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"><input type="text"/></td> <td style="width: 33%; height: 20px;"><input type="text"/></td> <td style="width: 33%; height: 20px;"><input type="text"/></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Day	Month	Year					

ANNEXURE A – GUIDELINES FOR REGISTRATION

All applicants are required by Council and therefore by law to submit the following as evidence of practical experience in the field of Construction Mentorship and / or Construction Management

Annexure A1 - Project Profile

1. Project profile (list of projects) involving Construction Mentorship and/or Construction Management which you have completed during the last 4 years or currently in progress.

The following should be provided for each of the projects:

Name of project

Type and description of project

Geographic location of project

Name of client and position and contact details of client representative

List of participating organisations

Year started and year completed (or planned completed date)

Original completion date

Actual completion date

Percentage of practical completion

Total value of project

Percentage participation of your organisation in the project

Your specific role in the project

Was the project successfully completed

Annexure A2 - Project report**2. Project Report - For registration as a Professional Construction Mentor / Construction Mentor (Pr. CMentor / CMentor)**

Provide two reports of 1500 words each. One detailing the successes that you achieved on your project and how these were achieved. The other must detail the challenges / frustrations or failures that you experienced on your project and how you handled these. Both reports must demonstrate your technical competence as well as your understanding of Construction Mentorship and / or Construction Management.

The reports must also incorporate your understanding of the following five knowledge areas; (should be your headings)

1. An ability to transfer skills and assess a Contractor's capabilities
2. Demonstrate competence in construction contract administration
3. Demonstrate technical competence
4. Demonstrate competence in commercial aspects of contracting
5. Demonstrate competence in construction project management

ANNEXURE B - REFERRAL FORM FOR PSYCHOMETRIC TEST**REFERRAL FORM FOR PSYCHOMETRIC TEST**

Dear Service Provider,

The applicant would like to register with the Council as a Professional Construction Mentor / Construction Mentor. He / She would like to be evaluated and understands that this 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.org.za

For enquiries, contact the Registrations at: 011 318 3402

ANNEXURE C. APPLICABLE FEES FOR THE YEAR 2015.**Annexure C1. Applicable Fees for the Year 2015**

APPLICATION FEE : R 1 688.88

REGISTRATION FEE : R 1 688.88

ANNUAL FEE :

Pr. CMe : R 2 843.34

Cmentor : R 2 563.66

APPEAL FEE : R 2 921.39

EXAMINATION FEE : R 1 455.81

EXAMINATION WORKSHOP: R 1 050. 00

PROFESSIONAL INTERVIEW FEE : R 2 785.88

ALL FEES ARE INCLUSIVE OF VAT

Other Applicable Fees are available on our website: www.sacpcmp.org.za