



The South African Council for the Project and Construction Management Professions  
PROJECT AND CONSTRUCTION MANAGEMENT PROFESSIONS ACT NO.48 OF 2000

<b>APPLICATION FORM FOR REGISTRATION</b>
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: <a href="mailto:admin@sacpcmp.co.za">admin@sacpcmp.co.za</a> Website: <a href="http://www.sacpcmp.org.za">www.sacpcmp.org.za</a> <b>No Faxed or E-mailed Applications will be accepted.</b>

**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 Health and Safety
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 style="width: 100%;" type="text"/>
Country of Issue	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>
Initials and First Name	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 30%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 50%;" type="text"/> Day Month Year
E-mail Address	<input style="width: 100%;" type="text"/>
Telephone No.	<input style="width: 30%;" type="text"/> <input style="width: 70%;" type="text"/>
Cell No.	<input style="width: 100%;" type="text"/>
Fax No.	<input style="width: 30%;" type="text"/> <input style="width: 70%;" type="text"/>
Postal Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Physical Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Province	<input style="width: 100%;" 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 Health and Safety Agent	<input type="checkbox"/>
	Construction Health and Safety Manager	<input type="checkbox"/>
	Construction Health and Safety Officer	<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 / Training Institution	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 HEALTH AND SAFETY**

Do you consider yourself to have obtained the necessary and relevant 2 - 5 years of practical experience in the field of Construction Health and Safety (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 2 - 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 Health and Safety?	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>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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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 _____
<b>No Faxed or E-mailed Applications will be accepted.</b>	

**SECTION H: DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION FORM**

Please submit the following documents with this Application Form (Mark with X)		<b>For Office Use</b>
1. Completed Application Form	<input type="checkbox"/>	<input type="checkbox"/>
2. Certified copy of Identification Document	<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 below)	<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. 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    Fax: (011) 318 3405		

FOR OFFICE USE ONLY							
Fees Paid and Receipt Number	R _____ <input style="width: 300px; height: 20px;" type="text"/>						
Date of Receipt of Application	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>				Day	Month	Year
Day	Month	Year					

AUTHORIZATION OF REGISTRATION (To be completed after Council Approval)								
Category of Registration	Pr. CHSA <input type="checkbox"/>	Pr. CHSM <input type="checkbox"/> CHSO <input type="checkbox"/>						
	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>						
Signature _____								
Date of Authorization	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>					Day	Month	Year
Day	Month	Year						

**ANNEXURE A – GUIDELINES FOR REGISTRATION**

All Professional CHSA / CHSM and CHSO applicants are required by Council and therefore by law to submit the following as evidence of practical experience in the field of Construction Health and Safety

**Annexure A1 - Project Profile**

1. Project profile (list of projects) involving Construction Health and Safety which you have completed during the last 4 years for Pr. CHSM and Pr. CHSA; 2 – 4 for CHSO or currently in progress.

The following should be provided for each of the projects:

1. Name of Project
2. Type and description of project
3. Geographic location of project
4. Name of client and position and contact details of client representative
5. List of participating organisations
6. Year started and year completed (or planned completed date)
7. Original completion date
8. Actual completion date
9. Percentage of practical completion
10. Total value of project
11. Percentage participation of your organisation in the project
12. Your specific role in the project
13. Was the project successfully completed

**Annexure A2 - Project Report****2. Project Reports - For Registration as a:**

- **Professional Construction Health and Safety Agent (Pr. CHSA)**
- **Construction Health and Safety Manager (CHSM)**
- **Construction Health and Safety Officer (CHSO)**

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 Health and Safety *Planning, Implementation and Management*.

- a. Professional Construction Health and Safety Agent must demonstrate his / her competence based on the Scope of Services for Construction Health and Safety Agent
- a. Professional Construction Health and Safety Manager must demonstrate his / her competence based on the Scope of Services for Construction Health and Safety Manager.
- b. Construction Health and Safety Officer must demonstrate his / her competence based on the Scope of Services for Construction Health and Safety Officer.

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

1. Construction Health and Safety - Procurement Management
2. Construction Health and Safety - Cost Management
3. Construction Health and Safety - Hazard Identification Management
4. Construction Health and Safety - Risk Management
5. Construction Health and Safety - Accident / Incident Investigation Management
6. Construction Health and Safety - Legislations and Regulations
7. Construction Health and Safety - Health, Hygiene and Environmental Management
8. Construction Health and Safety - Communication Management
9. Construction Health and Safety - Emergency Preparedness Management