

APPLICATION FOR REGISTRATION

SECTION A: Personal particulars

Type of Identification RSA ID document Foreign ID document

ID Number _____

Country of Issue _____

Title Dr Prof Mr Mrs Ms Rev

Gender (for statistical research purposes only) Male Female

Ethnic Group (for statistical research purposes only) B W C I Other

Do you have a disability (for statistical research purposes only)? Yes No

If yes, please specify type: _____

What is your home language (for statistical research purposes only)?

Surname _____

Initial and First Name _____

Date of Birth _____

Email address _____

Telephone No. _____

Cell No. _____

Postal Address _____

Code: _____

Physical Address _____

Code: _____

Province _____

Where must communications be sent? Postal Address Physical Address

SECTION B: Category of Registration Being Applied For

- Accredited Facilities Professional
- Certified Facilities Professional
- Certified Facilities Supervisor
- Certified Facilities Practitioner

SECTION C: Educational Qualifications

Name and Address of Tertiary/University Institution	Qualifications Obtained	Year of Graduation

Note: attach certified copies of above qualification certificates

SECTION D: Professional Qualifications/Registration with Professional Institutions

Name and Address of Association/Institution	Registration/Members	Year of Membership
Evidence of Continuous Professional Development		

Note: attach certified copies of above registration or membership certificates

SECTION E: Practical Experience in the Field of Facilities Management

Do you consider yourself to have obtained the relevant years of practical experience in the field of Facilities Management? Yes No

If yes, attach documentary evidence of practical experience in the form of a report, indicating the following:

Name of project/operation

Type and description of project/operation

Geographical location of Project/operation

Name of client/organisation and position and contact details

Your specific role in the project/organisation/operation

The report should indicate the following Key responsibilities:

Day-to-day operations (in-house or outsourced)

A range of support services

Contractors and key supplier relationships

Budgets

Health and safety

FM projects

SECTION F: Details of current employment

Name of Employer

Address of employer

Name of Supervisor

Tel No:

Email Address:

Job Description:

SECTION G: Declaration

I, _____ the applicant, hereby declare that:

I have read and understood the registration policy and guidelines and have no objectives to it.

That all particulars and documents submitted are true and correct.

I will abide by the code of conduct for registered person.

Signature

Date

SECTION H: Documents to be Submitted:

Certified copy of ID/passport

Certified copies of Professional Qualifications/Registration with Professional Institutions

Certified copies Educational Qualifications