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## 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

Surname \_\_\_\_\_

Initial and First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Personal email address \_\_\_\_\_

Work email address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Cell No. \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

Province \_\_\_\_\_

**SECTION B: Category of Certification being applied For, indicate with a tick.**

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 of Association/Institution	Registration/Membership	Year of Membership

Note: attach certified copies of above registration or membership certificates

**SECTION E: Portfolio of evidence on Practical Experience in the Field of Facilities Management**

**Attach your CV**

**Compile a report of practical experience indicating the following:**

Name & type of projects/operations

Geographical location of Projects/operations

Name of clients/organisations and position and contact details

Your specific role/s in the projects/organisations/operations indicating the following competencies:

Strategic Planning and Programme Management; Operations and maintenance - strategy and management; Real Estate strategy and management; Quality Assessment and Innovation; Leadership and Management; Human and Environmental Factors; Finance; Communication; Technology; Risk Management; SHEQ

**SECTION F: Details of current employment**

Name of Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

**SECTION G: SAQA Requirements. Indicate if you have difficulty, do not have difficulty or if you used to have difficulty**

Eyesight rating:	
Communication rating:	
Walking rating:	
Memory rating:	
Selfcare rating:	
Hearing rating:	
Socioeconomic: rating	Employed? Unemployed – looking for work, retired, disabled, full time student?
Disability:	Or do not wish to specify

**SECTION H: Declaration**

I, \_\_\_\_\_ the applicant, hereby declare that:

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

That all particulars and documents submitted are true and correct.

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

Signature

Date

## Checklist:

**Please note that Applications with outstanding documentation will not be processed.**



1. Completed Section A in full and attached certified ID or passport copy?
2. Completed Section B in full, ie selecting not more than 2 certification levels?
3. Completed Section C in full, attached certified copies of educational qualifications?
4. Completed Section D in Full, attached copies of Professional certificates of memberships?
5. Section E, attached my CV & Portfolio of evidence?
6. Completed section F in full?
7. Completed section G in full?
8. All applications must be sent to [info@safma.co.za](mailto:info@safma.co.za) or delivered to the SAFMA office on arrangement.