

Page 2 of 4	REGISTRATION AS A SPECIFIED CATEGORY PRACTITIONER: Fire Protection Systems Certified Code: Fire Detection	
Form No.: APP-SC1.1		
Effective Date: 12 February 2018		
Rev no: 0		

Form SC1.1

Office Use
Ref.:

NB: Please consult the enclosed Information sheet (Sheet SC1) before completing this Application.

1. General Information:

Surname:		Title and First Names:				PHOTOGRAPH <i>(Passport-type. Please paste - do not staple)</i> <i>Alternatively, insert electronically in JPEG or similar format</i>
Date of Birth:		Identity No: Or Passport No: Country (passport):				
*Race Group: Please tick the applicable block	<input type="checkbox"/> Indian <input type="checkbox"/> Coloured	<input type="checkbox"/> Black <input type="checkbox"/> White	*Gender: (Please tick the applicable block)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of normal residence:	
Home Address:		Postal Address:		Name & Address of present Employer:		
Tel. No. (Home): Tel. No. (Work): <i>(include area codes)</i> Cell No.: E-mail:		Title of Position held:		Tel. No. (Employer): Fax No.: <i>(include area codes)</i> E-mail:		

*Completion of this section is necessary in order to accurately reflect equity statistics in terms of Government Policy.

2. Qualifications: (All qualifications at tertiary level) (List of subjects to be provided on Form R-03-AR-SC)

Educational Institution	Qualification	Attendance from	to	Date of final examination	Office use

NB: Kindly initial this page in the presence of a Commissioner of Oaths / Justice of Peace.

Applicant:	Commissioner Of Oaths/ Justice Of Peace:
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It is the responsibility of the user to ensure that the latest version is used. The latest version will be published on our website.

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3. Did you complete an Apprenticeship / Learnership: Yes No

Trade / Training:	Date from:	Date to:
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4. Previous/Current Registration or Application Details with ECSA: (eg. Professional Engineering Technician)

Type	Category	Number	Date
Previous Registration:			
Current Registration:			
Previous Application:			

5. Membership of Voluntary Associations recognised in terms of Act No 46 of 2000 (or other):
(If more space is needed, please supply information separately.)

Name of Association / Institute / Society	Membership grade and date of admission

6. Application Fee: (Fees are available on ECSA website or [here](#).)
Please note: Only cheques, credit card payments or proof of electronic payment. Do not pay with cash or with postal orders.

My Application fee of R _____	(cheque) is transferred electronically.
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7. Referees: (At least one ECSA registered person)

(1) E-mail: Tel no:	(2) E-mail: Tel no:	(3) E-mail: Tel no:
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Applicant:	Commissioner Of Oaths/ Justice Of Peace:.....
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<i>Office Use Only</i>		
Application fee: R _____		
Received by: _____	Date: _____	(Council's stamp)

Note: Voluntary Associations List is available on the ECSA or [here](#)

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8. Declaration:

I, _____ (full names)

ID No. _____, hereby in application to ECSA

- I lawfully declare to abide by all the provisions of the **Engineering Profession Act, 2000 (Act No. 46 of 2000)** and any **Rules** published thereunder, including the **Code of Professional Conduct**.

Now therefore I further declare explicitly to the following:

Item	Description	Yes	No
i.	<i>I have been removed from an office of trust on account of improper conduct</i>		
ii.	<i>has been convicted of an offence in the Republic, other than an offence committed prior to 27 April 1994 associated with political objectives, and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or both</i>		
iii.	<i>never been convicted of an offence in a foreign country and was sentenced to imprisonment without an option of a fine, or, in the case of fraud, to a fine or imprisonment or both</i>		
iv	<i>declared by the High Court to be of unsound mind or mentally disordered, or is detained under the Mental Health Act, 1973;</i>		
v	<i>that I have been disqualified from registration as a result of any punishment imposed on me under this Act</i>		
vi	<i>Declared rehabilitated insolvent whose insolvency was caused my negligence or incompetence in performing work falling within the scope of the category in respect of which I'm applying for registration.</i>		

I am cognisant of the fact that should the provisions referred to above as depicted under Section 19(3)(a) of the ACT be contrary, Council may refuse my application.

I solemnly declare that, to the best of my knowledge, all the information contained in my application is true and correct.

Signature: _____

I hereby certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration which was sworn to and signed before me at _____ on this.....day of.....**2018**, the regulations contained in Government Notice No. R1258 dated 21st July 1974, as amended, having been complied with.

Commissioner of Oaths/ Justice of Peace:

.....
PRINT NAME

.....
SIGNATURE



(Commissioner's stamp)