



# Institute of Environment and Recreation Management

PO Box 868, FERNDALE, 2160, Rep of South Africa

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## NEW APPLICATION – ACCREDITED MUNICIPAL MANAGER DESIGNATION

### PERSONAL INFORMATION:

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Title: \_\_\_\_\_

ID number/Passport number: \_\_\_\_\_

Submit copy of ID Document

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Nationality

South African /Other \_\_\_\_\_

Specify nationality if not South African \_\_\_\_\_

Gender

Male /Female: \_\_\_\_\_

Home Language: \_\_\_\_\_

Other language: \_\_\_\_\_

Equity Group

African/White/Indian/Asian/Coloured: \_\_\_\_\_

Disabled

Yes/No: \_\_\_\_\_

If yes, please state your disability: \_\_\_\_\_

Contact Details

Cellphone number: \_\_\_\_\_

Office Telephone number: \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

Alternate e-mail address: \_\_\_\_\_

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

Province of Residence: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

Company Name: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Name of Current Manager: \_\_\_\_\_

Contact Details of Current Manager: \_\_\_\_\_

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

Landline: \_\_\_\_\_

Cellphone: \_\_\_\_\_

**QUALIFICATIONS HISTORY:**

(Submit copies of qualification certificates)

Qualification	Institution	Year Obtained

**WORK REFERENCES:**

Contact details of Municipal Manager or Mayor

Names and Surname	Email address	Phone Number

Contact details of Chair of the Municipal Adjudication Committee

Names and Surname	Email address	Phone Number

**MEMBERSHIP FEE:**

I, \_\_\_\_\_ (Name) hereby apply for registration of a Professional designation.

I understand that there is an initial non-refundable registration fee as set out in the table hereunder. Thereafter an annual fee will be levied for continued professional membership.

Professional membership fee schedule as at 2018:

Professional designation for Registration	Total payable with application
South African Certified Park Professional (SACPP)	R2000

**PROFESSIONAL DECLARATION**

I hereby confirm that all information presented on this form is correct and complete, and that action can be taken against me if this is not the case. I acknowledge that IERM may require further evidence of information.

I undertake to abide by the prescribed Code of Conduct of IERM. I make a personal professional commitment to the profession, to ethical standards and to excellence.

As a professional member of IERM I hereby agree to abide by the principles and objectives of Continued Professional Development (CPD) as prescribed by IERM and complete the required forms as and when received from IERM.

I hereby grant IERM permission to verify the qualifications as submitted in my application with the relevant institutions. I agree to pay the annual membership fees as determined on a yearly basis.

I agree to receive electronic and other forms of communication from IERM

I confirm that I have attached proof of payment.

Please note that applications without proof of payment and with any outstanding information and documentation will not be considered.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO THE SECRETARIAT TOGETHER WITH COPIES OF:**

- A. ID BOOK (CERTIFIED)
- B. QUALIFICATION CERTIFICATES (CERTIFIED)
- C. COPY OF APPRAISED PERFORMANCE AGREEMENT
- D. COMPREHENSIVE CV

**ADDRESS:** 4 KAREN STREET BRYANSTON WEST – BUILDING ONE, GROUND FLOOR  
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**EMAIL:** [iermservices@vdw.co.za](mailto:iermservices@vdw.co.za)