

ANNEXURE 1

FORM 1

GEOSCIENCE COUNCIL OF NAMIBIA

**Application for Registration and Reference Form**

(Regulation 4, Section 20)

| Application for Registration         |   |                    |  |
|--------------------------------------|---|--------------------|--|
| Full Name                            | Title   |                    |  |
|                                      | First   |                    |  |
|                                      | Last  |                    |  |
| Date of Birth                        |   | Sex                |  |
| Nationality                          |   | Id. / Passport No. |  |
| Physical Address                     | .....<br>.....<br>.....<br>.....                          |                    |  |
| Postal Address                       | .....<br>.....<br>.....<br>.....                          |                    |  |
| Telephone                            |   | Facsimile          |  |
| Cellular                             |   | Email              |  |
| Type of Registration                 | Registered Geoscientist<br>Registered Senior Geoscientist |                    |  |
| Tertiary Education                   |   |                    |  |
| Date                                 | Institution   | Degrees            |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| Curriculum Vitae of Experience       |   |                    |  |
| Period                               | Branch of Geoscience                                      | Specifics          |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| Independent work without supervision |   |                    |  |
| Period                               | Project   | Specifics          |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |
| .....                                | .....   | .....              |  |

| Employment History   |              |                  |                  |
|--|--------------|------------------|------------------|
| Period   | Employer     | Post             | Responsibilities |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| .....  | .....        | .....            | .....            |
| Have you ever been convicted of a serious criminal offence with an element of dishonesty and sentenced to imprisonment without the option of a fine? |              |                  | Yes No           |
| Have you ever been declared mentally ill?  |              |                  | Yes No           |
| Are you an unrehabilitated insolvent or have you entered into an agreement with your creditors   |              |                  | Yes No           |
| Have you read and understood the Code of Professional Conduct?   |              |                  | Yes No           |
| Have you transgressed the Code of Professional Conduct over the past three years?  |              |                  | Yes No           |
| Do you undertake to uphold the Code of Professional Conduct in the future?   |              |                  | Yes No           |
| Membership of other scientific and professional organisations  |              |                  |                  |
| Period   | Organisation | Membership Grade |                  |
| .....  | .....        | .....            |                  |
| .....  | .....        | .....            |                  |
| .....  | .....        | .....            |                  |
| .....  | .....        | .....            |                  |
|  | Reference 1  | Reference 2      |                  |
| Name   |              |                  |                  |
| Address  |              |                  |                  |
|  |              |                  |                  |
| Telephone  |              |                  |                  |
| Cell phone   |              |                  |                  |
| Fax  |              |                  |                  |
| email  |              |                  |                  |
| I confirm the above information is true and complete   |              |                  |                  |
| Signature  |              | Date             |                  |

**GEOSCIENCE COUNCIL OF NAMIBIA**

**Reference Form**

(To be filled in by Applicant)

APPLICANT: Please forward one reference form to each of the two references you have listed in the application form.

|                  |  |
|------------------|--|
| Applicants name  |  |
| Address          |  |
| Telephone number |  |

(To be filled in by Referee)

REFeree: - You are requested to attest to the professional expertise (applicable and relevant experience), capacity for working independently or without supervision; and ethical standards of the above named applicant who is applying to the Geoscience Council of Namibia to be registered as a Registered Geoscientist / Registered Senior Geoscientist.

- Based on your own personal, firsthand knowledge of the applicant, please assist us by supplying all the information requested below.
- Upon completion of this form, please post (do not facsimile) to: Geoscience Council of Namibia, **P. O Box 699, Windhoek, Namibia**
- Your reply is confidential and will remain the property of Council and will not be disclosed to any third party.

|              |  |
|--------------|--|
| Referee name |  |
|--------------|--|

|   |                              |
|---|------------------------------|
| 1. I am personally familiar with the applicant's earth science work for the period; | ..... to .....               |
|   | (Please list month and year) |

|  |                 |  |
|--|-----------------|--|
| 2. My relationship with the applicant has been as; | Employer        |  |
|  | Supervisor      |  |
|  | Co-worker       |  |
|  | Client          |  |
|  | Other (specify) |  |

|   |                         |
|---|-------------------------|
| 3. My current relationship with applicant is; | .....<br>.....<br>..... |
|---|-------------------------|

4. The minimum registration requirements are attached below. In your opinion, does the applicant meet the minimum criteria for registration as a;

|                                  |     |    |
|----------------------------------|-----|----|
| - Registered Geoscientist        | Yes | No |
| - Registered Senior Geoscientist | Yes | No |

|   |     |
|---|-----|
| 5. Do you have knowledge of the applicant's reputation as a geoscientist?<br>(If you answer "No" please advise applicant to nominate another reference) | Yes |
|   | No  |

|   |     |
|---|-----|
| 6. Do you consider the applicant's professional expertise is in line with the applicant's length of experience; | Yes |
|   | No  |

|  |                                  |
|--|----------------------------------|
| 7. If the answer to (6) is "No", please comment; | .....<br>.....<br>.....<br>..... |
|--|----------------------------------|

|   |                         |
|---|-------------------------|
| 8. Please comment on the applicant's professional and ethical standing; | .....<br>.....<br>..... |
|---|-------------------------|

|   |     |
|---|-----|
| 9. Do you believe the applicant has the capacity for working independently or without | Yes |
|---|-----|

|   |  |           |  |
|---|--|-----------|--|
| supervision;  |  | No        |  |
| 10. If the answer to (9) is "No", please comment;   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| 11. Have you had business dealings with the applicant? Remarks;   |  | Yes       |  |
| .....   |  | No        |  |
| 12. If the answer to (11) is "No", Would you willingly have business dealings with the applicant?   |  | Yes       |  |
|   |  | No        |  |
| 13. If the answer to (12) is "No", please comment;  |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| 14. Are you aware of any professional conduct or business activities by the applicant that you would consider questionable?               |  | Yes       |  |
|   |  | No        |  |
| 15. If the answer to (14) is "Yes", please comment;   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| 16. The Council's Code of Professional Conduct is attached.<br>To the best of your knowledge does the applicant abide by these standards? |  | Yes       |  |
|   |  | No        |  |
| 17. If the answer to (16) is "No", please comment;  |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| 18. Any additional comments you wish to make?   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| .....   |  |           |  |
| Referee's signature   |  | Date      |  |
| Registration number   |  | Telephone |  |
| Address   |  | .....     |  |
|   |  | .....     |  |
|   |  | .....     |  |
| Qualifications  |  | .....     |  |
|   |  | .....     |  |
|   |  | .....     |  |