Form MM1

All information contained in this Application, except for signatories, must be Typewritten or clearly written in block letters

MALAWI INSTITUTE OF PHYSICAL PLANNERS (MIPP)

(Under the Trustees Incorporation Act, 1962)

APPLICATION FOR MEMBERSHIP

To:- The Honorary Secretary, The Malawi Institute of Physical Planners, P. O. Box 30193, Lilongwe 3.

A. DECLARATION

I .....

(Full Name in BLOCK LETTERS): Surname to be underlined and any former name indicated in brackets.

of .....

.....

(Full postal address, which will be used for all correspondence in the event of registration)

desire to be registered as a..... Member of The Malawi Institute of Physical Planners and promise that if I am registered I will abide by and observe the provisions of the Constitution, Regulations, and the Code of Professional Conduct, and that I will pay the subscriptions prescribed for the class to which I am registered and that I will promote the objects of the Institute as far as may be in my power.

I hereby certify that the information contained in Forms MM1 and M2 represents an accurate description of my academic background and planning experience up to the time of submission and that this application has been made in accordance with the Guidelines and detailed Notes of Advice contained on Form MM3.

I declare that I am ..... years of age and that all the particulars given in this application are true and correct to the best of my knowledge and belief.

As witness my hand this ..... day of ..... 20 .....

Signature .....

FOR MIPP USE ONLY

Acknowledged ..... Membership Committee .....

Registration fee of **K2, 500.00** Date of Registration .....

B EDUCATION

Give details of professional and/or degree of diploma examinations passed together with dates. In case of degrees and diplomas in Town Planning recognized for the purpose of affording exemption from the MIPP's Examination, please indicate the type of course (e.g. undergraduate full-time, etc) and give the date (month and year) when the course, including the acceptance of any required thesis, was successfully completed. In the case of undergraduate sandwich and postgraduate block release courses, also clearly indicate periods of time spent: both in the School of Planning and in offices. Please state whether B.A., BSc, Dip. Arch, Dip. T.P. etc, and also give the formal designation and the name of the University or College concerned. E.g. 2(b) Geography, University of Malawi, etc. For those qualifying by way of the MIPP examination, give date (month and year) of sitting the successfully completed examination. The MIPP examinations may also be administered at the time of pursuing university level degree studies within Malawi as additional to the qualification framework if so included in the university curricula.

C CORPORATE MEMBERSHIP OF PROFSSIONAL INSTITUTES

(Please indicate by appropriate designatory letters with dates of registration. e.g. MSIM. MCIT etc)

D DATE OF REGISTRATION TO STEDUNTSHIP OF THE MALAWI INSTITUTE OF PHYSICAL PLANNERS

E POSITIONS HELD

In chronological order give particulars of positions held, employing authorities or firms indicating relevant Departments and/or Sections of the organisations concerned. eg. Planning Technician, Department of Physical Planning (Development Control Section) etc, giving dates (month and year).

F BRIEF SUMMARY OF EXPERIENCE

Give brief details of the level of your responsibility, type of work undertaken in each post mentioned in Section E, and the total time engaged on each aspect of the work concerned. The information should not be given in such detail as is required in Form MM2 and should broadly take the following form which is given as is required in Form MM2 and should broadly take the following form which is given as an example.

Post 1: Planning Technician

Member in team of six under the direction of a Team Leader engaged in conducting studies and implementation of programme for the development of site and service scheme. Particular responsibility for reports on the mapping and upgrading possibilities of discussed unplanned settlements throughout the country (1 month(s). Liaison with Development Control Section throughout this period.

G. SPONSORS

Having read and understood the Notes of Advice on Form MM3 and the completed Forms MM1 and MM2 we the undersigned being chartered Town Planners, hereby support the application of the candidate, Mr./Mrs/Miss/Ms …… to be registered to the class of …….. Member of the Malawi Institute of Physical Planners. We have known the applicant professionally for at least six months and consider from our personal knowledge or from enquiries we have made, that the candidate has completed a minimum of two years professional work (or its part-time equivalent) within Physical Planning in accordance with The Malawi Institute of Physical Planners' Guidelines printed on Form MM3. We believe that this application accurately represents the candidate's academic achievements and practical experience, which we consider complies with the Charted Institute's academic and experience requirements and is adequate in professional quality and breadth to justify the candidates becoming a Member of the Malawi Institute of Physical Planners. Furthermore, we also consider that the candidate is by his/her personal qualities, worthy to be a Member and we know of no reason why the candidate should not be a member. We are prepared to answer any supplementary enquiries concerning the candidate or his/her Statement.

Signature of Proposer: ..... Dated: .....

(Name and qualifications in BLOCK LETTERS): .....

Official Position .....

Address and Telephone Numbers .....

Signature of Seconder .....

(Name and qualifications in BLOCK LETTERS): .....

Official Position .....

Address and Telephone Numbers .....