



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

a) Contact details of Municipal Manager or Mayor

Names and Surname	Email address	Phone Number

b) Contact details of the Municipal Chair of the Performance Audit Committee

Names and Surname	Email address	Phone Number

REGISTRATION WITH OTHER PROFESSIONAL BODIES

Please attach a short overview/essay on the following subjects to aid the adjudication of the application and also to serve as a departure point for the interview stage of adjudication. You can type the text into this word document under the question if you wish.

- a. List your key responsibilities in your current role.
- b. Describe the scope of your legal and operational knowledge and expertise in a municipal environment.
- c. List any past and pending misconduct cases against yourself and the outcomes. Note that non-disclosure can invalidate your designation.
- d. Describe your leadership background in student organisations, church, community or other bodies where “political” leadership and administration was required.
- e. Describe your commitment to community and customer service inside and outside of the workplace in a “Batho Pele” context.
- f. Provide a short overview of your Policy and bylaw development experience and achievements in your municipality.
- g. Outline your experience and achievements with the integrated development plan and related performance management experience and achievements in your municipality.
- h. Outline your approach and achievements in terms of collaboration and communication with stakeholders, both internal and external to the municipality.

MEMBERSHIP FEE

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

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 iLGM may require further evidence of information.

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

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

I hereby grant iLGM 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 iLGM.

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	
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CODE OF ETHICS

MEMBER'S PLEDGE

Be **committed** to:

1. Uphold the Republic's and the Institute's Constitutions and all other legislation.
2. Efficient, effective and democratic local governance, believing in the worth of local government and a sense of community responsibility.
3. A belief that local governments exist to serve the best interests of their communities.
4. Ensure that the roles of elected representatives and officials do not overlap.
5. The separate but complimentary roles of elected representatives and management.
6. A high standard of professionalism.

Uphold the following personal values:

1. Honesty, Propriety and Integrity.
2. Objectivity, Independence and Impartiality.
3. Respect for Privacy.
4. Competence and Duty of Care.
5. Loyalty.

Conform to the following:

1. Act in the best interest of the public, Fellow members of the Institute, employers and colleagues.
2. Promote local government as a respected and reputable profession.
3. Demonstrate professional competence and management skill.
4. Desist from any fraudulent and / or dishonourable practice and not to consider or accept any covert reward of profit.
5. Observe a strict professional detachment from electioneering or partisan political activity associated directly or indirectly with local government.

Name & Surname		Signature	
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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

POSTAL: PO BOX 868 FERNDALE 2160

EMAIL: ANGELA@VDW.CO.ZA

TO CONFIRM RECEIPT: ANGELA DAVIDS – 011 061 5000