CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

WESTLAKE CONSERVATION CENTRE
Steenberg Rd
Tokai, 7945
Cape Town
Tel: + 27 21 444 3989
Email: paac@capetown.gov.za

Website: www.capetown.gov.za

PROTECTED AREA ADVISORY COMMITTEE SPECIALIST APPLICATION/DETAILS

Personal details (specialist in personal capacity or internal Line Department representative)

Name: _____

Contact details: Tel - _____ Fax - _____

Cell - _____ Email - _____

Physical address: _____

Postal address: _____

Field of expertise: _____

Organisation details (only applicable for Line Departments/internal specialists)

Organisations name: _____

Directorate: _____

Department: _____

Area of expertise: _____

Application

Applicant specialist choice of Advisory Committee(s) by means of marking with an "X":

	Blaauwberg Nature Reserve
	Blaauwberg Nature Reserve
	Bracken Nature Reserve Bracken (including Perdekop and Haasendal)
	Durbanville Nature Reserve (including Uitkamp Wetland and Botterblom)
	Edith Stephens Nature Reserve
	False Bay Nature Reserve (including Rondevlei, Zeekoevlei, Pelican Park, Slangetjiebos, and Strandfontein Birding Area)
	Helderberg Nature Reserve (including Silverboomkloof, Harmony Flats and Morkel's Cottage)
	Steenbras Nature Reserve
	Table Bay Nature Reserve (including Rietvlei, Diep River, Milnerton Racecourse and Zoarvlei)
	Tygerberg Nature Reserve (including Bothasig and Arriesfontein)
	Witzands Aquifer Nature Reserve (including the Klein Dassenberg Hills)
	Wolfgat Nature Reserve (including Zandwolf, Strandfontein Aquifer and Macassar Dunes)

	Zandvlei Nature Reserve (including Muizenberg East)

By signing this form, the applicant organisation and the nominated delegate agree to interact with the Advisory Committees in terms of the Mandate and the Constitution.

Please note that specialists will only be invited to attend meetings from time to time when their expertise is required.

Please feel free to contact us if you have any queries. If for any reason you should cancel your application, please let us know.

Signature: Specialist/Department representative	**Signature: Line manager** (Only for Internal Line Department specialists)
X_____	**X**_____
Name:_____	**Name:** _____
Role: _____	**Role:** _____