

Local Design Review Scheme for South Australia

Registration form for an Independent Design Review Administrator

This form is used to register as a Independent Design Review Administrator under the Local Design Review Scheme (the Scheme), which is established under section 121 of the *Planning, Development and Infrastructure Act 2016* (the Act).

An Independent Design Review Administrator is a person, body or any other appropriate entity (including a professional association, or a group of two or more professional organisations) recognised by the Department for Trade and Investment (the Department) to administer a panel member pool under the Scheme.

You will need approximately thirty (30) minutes and the following information to complete this form:

- applicant details
- supporting information, including:
 - overview of your organisation and experience with Design Review
 - proven experience with providing professional services to a council
 - ability to satisfy the requirements of the Scheme
 - proof of professional insurances

Please note it may take up to three (3) weeks to assess your application.

A registration fee is required to complete your application. The amount of this fee is prescribed in the current version of the *Planning, Development and Infrastructure (Fees) Notice* and also published on the [Design Review page of the PlanSA portal](#). An invoice for this fee will be provided once your registration is accepted.

Registration as an Independent Design Review Administrator is for a period of three (3) years from the date of approval.

How will your information be used and stored?

The information you provide in this form will be used to assess your application and for any purpose envisaged under the Scheme.

All information provided will be stored securely and confidentially, unless otherwise stated in the Scheme.

Get in touch

Please contact the Office for Design and Architecture SA (ODASA) if you would like to discuss your application:

- **Email:** LocalDesignReview@sa.gov.au
- **Phone:** 8402 1884 during business hours (9am – 5pm weekdays)

Section 1

Applicant details

Organisation 1 (required)

Organisation name	
Street address	
Postal address	
ABN	

Primary contact person

*This should be the person responsible for the operation of the Scheme.
The Department will not publish this information.*

First name	
Surname	
Position	
Email	
Phone	
Mobile (optional)	

Public contact person

*This should be the contact details for a council to request a Design Review panel.
This information will be publicly available.*

Email	
Phone	
Website	

Organisation 2 (if applicable)

Organisation name	
Street address	
Postal address	
ABN	

Primary contact person

*This should be the person responsible for the operation of the Scheme.
The Department will not publish this information.*

First name	
Surname	
Position	
Email	
Phone	
Mobile (optional)	

Public contact person

*This should be the contact details for a council to request a Design Review panel.
This information will be publicly available.*

Email	
Phone	
Website	



Please contact ODASA if additional organisations are registering as part of this Independent Design Review Administrator.

Section 2

Preferred name

An Independent Design Review Administrator comprising two or more organisations may wish to nominate a shared name for their Local Design Review service. Please specify the name below:

Section 3

Supporting information

Please provide an overview of your organisation(s). *This may include what the organisation does, the professional services provided, any relevant expertise available, any relevant strategic vision/priorities, and any experience with Design Review.*
Please limit to 300 words.

Please provide a summary of any experience your organisation or staff has providing professional services to councils.
Please limit to 200 words.

Section 3

Supporting information (cont.)

Please outline the governance and administrative support within your organisation to administer a panel member pool. *This may include the recruitment and remuneration of panel members, data storage and confidentiality requirements, managing conflicts of interest, annual reporting, quality assurance and managing any complaints.*
Please limit to 300 words.

Please provide any other relevant supporting information.
Please limit to 200 words.

Please attach a copy of a certificate of currency for any relevant professional indemnity insurance held by each organisation seeking registration in this application form.

Additional attachments to support your application may also be provided.

Section 4

Acknowledgment of the code of conduct

Part 8 of the Scheme outlines the code of conduct, which provides for standards of conduct and professionalism that are to be observed by all persons and bodies operating under the Act.

For the purposes of the Act, all persons and bodies performing a function under the Scheme must carry out, and be seen to carry out, their functions with the highest ethical standards so as to maintain public confidence in the integrity of the Scheme under the Act.

An Independent Design Review Administrator may also develop and maintain other code of conduct requirements for the purposes of the Scheme.

These standards and requirements constitute a code of conduct and must be read in conjunction with the requirements under the Act.

The Scheme, including the code of conduct, can be accessed from the [PlanSA portal](#).

Please complete the acknowledgment below:

On behalf of (*name of organisation*):

I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme.

On behalf of (*name of organisation*):

I/we agree to adhere to the code of conduct as outlined in the Scheme for the purposes of the Scheme.

Section 5

Validation of application

Please confirm:

- I/we understand the requirements of the Scheme and confirm that the organisation(s) will perform in accordance with, and provide adequate resources to, successfully satisfy these requirements.
- I/we have fully and accurately completed this form.
- I/we acknowledge that withholding and/or providing misleading or false information on this form is an offence and may lead to prosecution under the *Criminal Code Act 1995 (Cth)*.
- I/we provide permission for the Department to publish information about the organisation(s), including the name, contact information and the names of panel members.
- I/we understand our responsibilities under the Scheme and agree to take all reasonable steps to establish design panels for councils in order for them to provide Design Review.

Organisation 1 (required)

Name of delegate	
Position	
Date	

Signature _____

Organisation 2 (if applicable)

Name of delegate	
Position	
Date	

Signature _____

Section 6

Submitting your application

Thank you for applying to register as an Independent Design Review Administrator.

Applications may be submitted via:

- **Email:** LocalDesignReview@sa.gov.au
- **Post:** Attn: Local Design Review Team
Office for Design and Architecture SA
Kairua Country
Level 1, 28 Leigh Street
Adelaide SA 5000

Please note that it may take up to three (3) weeks to assess your application.
An invoice for the registration fee will be provided at this time.