### AQRB/F/JULY 2011



## **ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD**

P.O. BOX 72673, Dar es Salaam

TEL. 255 (022) 2110292 .

FAX... 255 (022) 2117535 .

E-Mail: info@aqrb.go.tz

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## APPLICATION FOR ADMISSION TO FINAL PROFESSIONAL EXAMINATION OF THE BOARD IN BUIDING SURVEY FOR THE YEAR: .....

Candidates applying for examination at this stage must have completed supervised professional practical

Cariui	uales	applying for examination at this stage must be	ave compi	eteu supe	ivised professional practical			
trainin	g for a	minimum of two years in a practicing firm and	filled log b	ook.				
1. P	1. Personal Particulars							
Surna	me of	Applicant:						
Other	names	5:						
Posta	l Addre	ess: Tel:	Mobile.					
Fax:		E-Mail:						
Date of	of Birth	f						
Natior	nality: .							
	•	nic Qualifications):						
			Ye	ears				
	S/N	University/College/Institute			Academic Award			
			From	То				
				•				
Date of	of Grad	duation						
Dates	of any	previous attempts of the Board's Examination	S:					
This ap	plication	n form <b>must</b> be submitted together with:						

- (a) Two recently taken passport size photographs.
- Certified Photocopies of academic & professional certificates. (b)
- An endorsement letter from the supervising Building Surveyor that the applicant has gained adequate experience to (c) attempt the final examinations of the Board.
- Signed Curriculum Vitae (d)
- Covering letter of application (e)

Are you a member of a Professional Association(s)?	Yes (	) No (	)	
If Yes, name the Association(s)				 

#### 4. Give full details of all past appointments since leaving School or College/Institute:

DATES		Employer's name, nature of business and location	Position(s) held
From:	То:		

### 5. Details of last five years experience:

3. Professional Association Membership

This section is intended to provide detailed information on the recent development of the Candidate's career with particular reference to his/her experience in basic skills and relevant technology.

Detailed information is required to each period of employment during the five years up to the date of this application. Two sections are provided for candidate's use. If more space required, a separate sheet (using the same format) is to be attached to the form.

A significant change in the candidate's status or position within an organization may, at the discretion of the candidate, be treated as if it were a change in employment and separate particulars entered accordingly.

Space is provided so that the candidate may amplify and illustrate the details given by reference to particular tasks and projects with which he/she has been associated. This information should record work done personally by the candidate and the degree of responsibility undertaken.

6.	Details of	previous	employment with	1:
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(a)	Address of the office in which you were actually engaged.	
(b)	If employed in a <b>firm</b> , give date of establishment and names of Partners or Directors.  State qualifications. If employed by Government/Parastatal Organization, state name of Chief Officer. Is he/she a member of any professional or academic body?	
(c)	Indicate type of work undertaken by the firm or department.	
(d)	Position and title (if in the Public Service give designation, grade and whether employed on Permanent or Temporary basis)	
(e)	Period of Employment. From:	
	То:	
(f)	Type and size of projects upon which you were engaged and the functions which you performed in relation thereto.	
(h)	Degree of responsibility undertaken by you.	

# 7. Details of present employment with: .....

(a)	Name and address of head office of the firm or Public department in which employed.	
(b)	Address of the office in which you are actually engaged.	
(c)	If employed in a <b>firm</b> , give date of establishment and names of Partners. If employed in Government Institution State name of Chief Officer. Whether he/she is registered with the Board.	
(d)	Indicate type of work undertaken by the employing firm or department.	
(e)	Date of joining present employment and position held at that time.	
(f)	Your present position and title (if in the Public Service give designation, grade and whether employed on Permanent or Temporary basis).	
(g)	Date of appointment to present position.	
(h)	Type and size of projects upon which you have been or are engaged and the functions which you perform(ed) in relation thereto.	
(i)	Description of the work undertaken by you personally with an indication as to the proportion of time spent on the various functions.	
(j)	Degree of responsibility undertaken by you.	

# 8. Employer's declaration:

To be signed by the candidate is emploauthorized deputy) obtained.	yed in the pu	blic serv	ice or by a la	arge unde	rtaking, the	signature of the H	Head (or his
Name of Head C Department and letters).							
I					recog	nize the importar	nce which the
Board attaches to t	he quality and	d nature	of the educ	ation and	Practical e	xperience which	entrants to the
Building Survey Pro	ofession mus	t receive	during the	ir period	of training.	I am aware of	the degree of
responsibility	which	I	bear	to	the	Candidate	Mr/Mrs/Miss*
				and I	hereby un	dertake to ensure	that while in
employment/departr	ment* and stu	dying fo	r the examir	ations, He	e/She will b	e encouraged to	study diligently
and will acquire prop	per experience	e in <b>Buil</b>	ding Surve	y.			

The candidate is employed	ed in the capa	city of			and is
engaged	in	the		following	duties:
The candidate is					
					Telephone Number: the name of the person
(Registered Building is:	Surveyor)	responsible	e for		his/her* training
Signature			Name	in block let	tters
Official capacity			Profes	ssional qua	lifications
omena capacity				70.0	
9. Supervising firm:					
Nameof firm					
Supervisor		Prof	essional (	qualificatio	ns
Signature		Da			
	UT	ficial stamp of	TIRM		
10. <u>Declaration by candid</u>	ate:				
I declare that the above info	ormation is comp	olete and accura	ate to the l	best of my k	nowledge.
Date:	. Signa	iture:			

## 12. Submission to:

The Registrar

Architects and Quantity Surveyors Registration Board

P.O.Box 72673 Dar es Salaam. Fax: 2117535

Tel: 211092; E-mail: info@aqrb.go.tz, Wesite: www.aqrb.go.tz

So as to reach him on the date announced by the Board in the public media.