

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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| Issuing Officer & date | Processing Officer & date | Form Number |
|------------------------|---------------------------|-------------|
|                        |                           |             |

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS A  
GRADUATE LANDSCAPE ARCHITECT**

Dated \_\_\_\_\_

[Made under By-law 4]

1 **Personal Information** (Attach current CV and two current passport photographs)

|                                     |                                 |  |
|-------------------------------------|---------------------------------|--|
| Family Name<br>_____                | First Name:<br>_____            | Other Names:<br>_____                      |
| Place of Birth<br>Country,<br>_____ | Date of Birth<br>Year,<br>_____ | Other Particulars<br>Nationality,<br>_____ |
| City,<br>_____                      | Month,<br>_____                 | Sex, Male /<br>Female _____                |
| District,<br>_____                  | Day,<br>_____                   | Marital<br>status _____                    |

2 **Current Postal Address** \_\_\_\_\_  
Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

3 **Physical Address** (Location of Registered Office)  
House No. \_\_\_\_\_ Block No \_\_\_\_\_ Street Name: \_\_\_\_\_ Town/City: \_\_\_\_\_

4. **Name and Contact Address of the Academic Institution that trained you:**  
Name \_\_\_\_\_ Box No. \_\_\_\_\_

Telephone No(s): \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**This application Form contains fifteen sections and each must dully be filled in before it is processed by the Board. Academic qualifications** (Attach certified Photocopies, current cv and two passport photographs)

| Name of Institution and Place of Study | Cause of Study | Year of From | Attendance To | Qualifications obtained (Degree/Diploma etc.) |
|--|----------------|--------------|---------------|---|
|  |                |              |               |   |
|  |                |              |               |   |
|  |                |              |               |   |

6 Have attempted **The Board's Examination** Y/N and or an **Oral Interview** Y/N

7 **Personal References** :( Referees must be Landscape Architects registered with the Board in Tanzania)

| Referees   | Address (Postal, Mob. No & e-mail) | Association/Relationship with the applicant |
|------------|------------------------------------|---|
| (i).Name   |                                    |   |
| Signature  |                                    |   |
| (ii).Name  |                                    |   |
| Signature  |                                    |   |
| (iii) Name |                                    |   |
| Signature  |                                    |   |

8 Have you been **registered with any other similar Board in the past?** Yes/No.

If Yes, Which Board? \_\_\_\_\_, in which country? \_\_\_\_\_

and when? \_\_\_\_\_. Have you been de-registered there? Y/N if Yes When? and why? \_\_\_\_\_

9 Have you been **de-registered with our Board in the past?** Yes/No.

If Yes, **Why** were you de-registered? \_\_\_\_\_

10. Are you registered by Architects Association of Tanzania? Yes/No.

If Yes give your Registration No \_\_\_\_\_

*The Architects and Quantity Surveyors (Registration) Act*

**GN. No. 377**

11 The prescribed registration Fee (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.

Registration fee of TShs/US\$ \_\_\_\_\_ and \_\_\_\_\_ in words, \_\_\_\_\_ is enclosed in cash / vide Cheque no. \_\_\_\_\_ of \_\_\_\_\_ Bank Branch

12 The Summary of my professional experience is outlined in section 14 and covered in \_\_\_\_\_ pages.

(The Page for this Section may be photocopied as much as needed by the applicant).

**13 Next of Kin**

Indicate next of kin to be contacted by the Board when need arise:

Name \_\_\_\_\_ address: \_\_\_\_\_ - Tel No. \_\_\_\_\_

E mail \_\_\_\_\_-Relationship \_\_\_\_\_

**14. Past experience in the field as **landscape architects trainee****

Summary of **practical experience** (add additional photocopied sheets of the following page if you require more space)

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To _____                     | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of the project employer:                           |   |
|   |   |
| Name and Registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To _____                     | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of the project employer:                           |   |
|   |   |
| Name and registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

*The Architects and Quantity Surveyors (Registration) Act*

GN. No. 377

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To<br>_____                  | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of employer:                                       |   |
|   |   |
| Name and registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To<br>_____                  | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of employer:                                       |   |
|   |   |
| Name and registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To<br>_____                  | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of employer:                                       |   |
|   |   |
| Name and registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

|   |   |
|---|---|
| Period (Month and Year):<br>From _____ To<br>_____                  | Name the project. Indicate the activity / work area, which you personally performed, and achievement. |
| Name and Address of employer:                                       |   |
|   |   |
| Name and registration number of the Supervising Landscape Architect |   |
|   |   |
|   |   |

15 **Declaration**

I hereby apply to be entered into the register of **graduate landscape architect** and undertake to abide by all provisions of the Architects and Quantity Surveyors Registration Act, No. 4 of 2010 and any regulations and By-laws made there under including Code of Ethics.

I Certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of the Applicant

Date

\_\_\_\_\_

: \_\_\_\_\_