



**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

Website: www.aqrb.go.tz

**APPLICATION FOR ADMISSION TO FINAL PROFESSIONAL EXAMINATION OF THE BOARD IN
QUANTITY SURVEYING FOR THE YEAR:**

Candidates applying for examination at this stage must have completed supervised professional practical training for a minimum of two years in a practicing firm and filled log book.

1. Personal Particulars

Surname of Applicant:

Other names:

Postal Address: Tel: Mobile.....

Fax:.....E-Mail:.....

Date of Birth:

Nationality:

2 Academic Qualifications):

S/N	University/College/Institute	Years		Academic Award
		From	To	

Date of Graduation.....

Dates of any previous attempts of the Board's Examinations:

.....

This application form **must** be submitted together with:

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

3. Examination Subjects

- (a) Practical Problem
- (b) Professional Practice

4. Professional Association Membership

Are you a member of a Professional Association(s)? Yes () No ()

If Yes, name the Association(s).....
.....

5. 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:	To:		

6. Details of last five years experience:

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.

7. Details of previous employment with:

(a)	Address of the office in which you were actually engaged.	
(b)	If employed in a firm , 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:	
	To:	
(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.	

8. 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 firm , 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.	

9. Employer's declaration:

To be signed by the Principal or by a Partner in the firm where the candidate is employed. When the candidate is employed in the public service or by a large undertaking, the signature of the Head (or his authorized deputy) of the technical department or section in which the candidate is engaged must be obtained.

Name of Head Office of Firm or Public Department and full address (in **block letters**).

I recognize the importance which the Board attaches to the quality and nature of the education and Practical experience which entrants to the Quantity Surveying Profession must receive during their period of training. I am aware of the degree of responsibility which I bear to the Candidate Mr/Mrs/Miss* and I hereby undertake to ensure that while in employment/department* and studying for the examinations, He/She will be encouraged to study diligently and will acquire proper experience in **Quantity surveying**

The candidate is employed in the capacity of and is engaged in the following duties:
.....
.....

The candidate is employed in our office located at:.....
..... Telephone Number:
..... and the name of the person
(Registered Quantity Surveyor) responsible for his/her* training
is:.....
.....
.....

Signature

Name in block letters

Official capacity

Professional qualifications

10. Supervising firm:

Name of firm
.....

Supervisor

Professional qualifications

Signature

D a t e

.....
Official stamp of firm

11. Declaration by candidate:

I declare that the above information is complete and accurate to the best of my knowledge.

Date:.....

Signature:.....

12. Submission to:

The Registrar

Architects and Quantity Surveyors Registration Board

P.O.Box 72673 Dar es Salaam. Tel: 211092,Fax: 2117535

E-mail: info@aqrb.go.tz, Website: www.aqrb.go.tz

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