



APPLICATION FOR BAPEQS PROFESSIONAL COMPETENCE EXAMINATION

(To be completed by Applicant in BLOCK LETTER)

Professional Examination Applied:

ARCHITECT

PROFESSIONAL ENGINEER

Engineering Discipline(Please specify _____)

QUANTITY SURVEYOR

Applicant's Current
Passport Size Photo

PART I – PERSONAL PARTICULARS

Candidate's Name : _____

Identity Card No. : _____ Colour : _____

Home Address : _____

Tel No. : _____ (Home) _____ (Office) _____ (Mobile)

Email : _____

PART II– QUALIFICATIONS

A. ACADEMIC QUALIFICATIONS

QUALIFICATIONS	UNIVERSITY / INSITUION	TITLE OF QUALIFICATION	YEAR OBTAINED
HIGHER NATIONAL DIPLOMA or EQUIVALENT			
BACHELOR DEGREE or EQUIVALENT			
MASTERS DEGREE or POSTGRADUATE DIPLOMA or EQUIVALENT			
OTHERS (Please specify)			

B. PROFESSIONAL QUALIFICATIONS (IF ANY)

TITLE	INSTITUTION	YEAR OBTAINED	PROFESSIONAL STATUS [with the Institution still current] (Please state YES or NO)

PART III – EMPLOYMENT PARTICULARS

Dates for each Employment <i>e.g. July 2001 to May 2002</i>	Name & Address of Employer	Position	Brief Description of Duties

No. of years of practical experience: _____

I hereby declare that the particulars in this application are correct and accurate.

Signature

Name : _____

Date of application : _____

For Office Use Only

**BAPEQS PROFESSIONAL ASSESSMENT EXAMINATIONS
(ARCHITECT / PROFESSIONAL ENGINEER / QUANTITY SURVEYOR)**

ASSESSORS REPORT

Date of Assessment : _____
Branch of Engineering (if applicable) : _____
Candidate's Name : _____
Position of Employment : _____

1. PROFESSIONAL ASSESSMENT EXAMINATION PAPER (MARKS) :

Section A : _____
Section B : _____
Section C : _____
Total : _____

2. INTERVIEW :

Office / Design experience (amount and quantity) :

Field / Workshop experience (amount and quantity) :

3. ASSESSOR'S RECOMMENDATION :

(Please tick inside box where appropriate)

PASS

FAIL

If fail :

Candidate's weakness lies in the following:

Design / Office experience

Field experience

Others, please specify: _____

Elaborate on reasons for failure :

Assessors:

1. Signature : _____

Name : _____

2. Signature : _____

Name : _____

**QUALIFICATION & EXAMINATIONS COMMITTEE SUMMARY OF ASSESSMENT
BAPEQS PROFESSIONAL ASSESSMENT EXAMINATION**

To :
Chairman,
Board of Architects, Professional Engineers and Quantity Surveyors

Name of Candidate : _____

Identity Card Number : _____

RECOMMENDATION

Qualified for application to be registered with BAPEQS: YES NO
(Please tick inside box where appropriate)

If yes, **recommended** BAPEQS Register Discipline:

Register Criteria: *(Please tick inside box where appropriate)*

ARCHITECT

PROFESSIONAL ENGINEER

Engineering Discipline (Please specify:)

QUANTITY SURVEYOR

Signature

Chairman (Qualification & Examination Committee) : _____

Date : _____