



ARCHITECTS, PROFESSIONAL ENGINEERS, QUANTITY SURVEYORS ORDER 2011

**APPLICATION FOR REGISTRATION AS AN  
ARCHITECT**

*(To be completed by the Applicant in BLOCK LETTERS)*

Applicant's Current  
Passport Size photo

Year Applied For: \_\_\_\_\_

\* NEW / RENEWAL (\* Please delete where not applicable), if renewal please state Architect Registration Number:

\_\_\_\_\_ (Please attach copy of certificate)

**PART I (PERSONAL PARTICULARS)**

1. Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Gender:  Male  Female

4. Place of Birth: \_\_\_\_\_

5. Nationality: \_\_\_\_\_

6. Brunei Identification Card No: \_\_\_\_\_

Yellow  Red  Green

7. Home Address: \_\_\_\_\_

8. Postal Address: \_\_\_\_\_

9. Telephone No: \_\_\_\_\_

10. Fascimile No: \_\_\_\_\_

11. Handphone No: \_\_\_\_\_

12. Email Address: \_\_\_\_\_

**PART II (QUALIFICATIONS)**

1. Higher National Diploma or Equivalent

Name of Institution: \_\_\_\_\_

Title: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

2. Bachelor's Degree or Equivalent

Name of University: \_\_\_\_\_

Title: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

3. Post-Graduate or Master's Degree or Equivalent

Name of University: \_\_\_\_\_

Title: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

**PART III (PROFESSIONAL QUALIFICATIONS)**

No.	Name of Professional Institution	Membership No.	Date Obtained	Validity Date

**PART IV (CONTINUOUS PROFESSIONAL DEVELOPMENT)**

Total Number of Continuous Professional Development Points / Hours Carried out: \_\_\_\_\_

Note: Please attached list of CPD Points / Hours achieved with dates, duration, place, type of course / activities with details of training institutions together with documentation as evidence of your CPD Points / Hours achieved.

**PART V (EMPLOYMENT PARTICULARS)**

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

**PART IV (DECLARATION TO BE SIGNED BY THE APPLICANT)**

1. I hereby declare that I have not been convicted of a criminal offence in a court of Law and/or knowingly been investigated in connection with a criminal offence in any country. (If have been convicted and/or investigated, please provide details).
  
2. I hereby declare that:
  - (i) I am not an un-discharged bankrupt and an order in bankruptcy against me is not in force.
  - (ii) I will inform the Board if an order in bankruptcy against me is in force during the current practicing certificate.
  
3. I hereby authorise the Board of Architects, Professional Engineers and Quantity Surveyors to seek verification on the information submitted in any manner as it deems fit and proper.
  
4. I hereby declare that if I am registered, I shall perform my duties and discharge my responsibilities in compliance with Architects, Professional Engineers and Quantity Surveyors Order 2011 and all notifications / circulars as issued by the Board of Architects, Professional Engineers and Quantity Surveyors.
  
5. I shall be personally in charge of all architectural services rendered for which I certify, stamp and sign all relevant documents. I also hereby declare my competency in the said architectural services.
  
6. I hereby submit the Summary of Professional Experience in Annex 'A' attached.
  
7. I submit herewith the certified true copies of my degree certificates, testimonials, official transcripts, valid registered certificate (if renewal) and other relevant documents in support of my application.
  
8. I hereby declare that the particulars in this application are correct and accurate.

\_\_\_\_\_  
*Signature*

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

For Office Use Only

Date of Receipt of Application: \_\_\_\_\_ Date of Board Meeting scheduled: \_\_\_\_\_

Decision of Board:       Approved       Deferred       Rejected

Reasons for Deferred / Rejected Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Notification to Applicant of Board Decision: \_\_\_\_\_

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For successful Applicant:

Architect Registration

Date Registered: \_\_\_\_\_ Registration No: \_\_\_\_\_

Date Letter of Authorisation Issued: \_\_\_\_\_ Date of Certificate: \_\_\_\_\_

**SUMMARY OF PROFESSIONAL EXPERIENCE**

**ANNEX A**

Name: \_\_\_\_\_ Identity Card No: \_\_\_\_\_

PROFESSIONAL EXPERIENCE									
<i>(In responsible charge of significant architectural work refer to D)</i>									
A	B	C	D					E	
	Statement of Training & Experience		Experience Area (in months)						
Date for each Employment e.g. July 94 to May 97	State concisely Title of Position held, Name of Employer, location and description of each work (Brief and concise statements, designating each work upon which engaged with or change of position separately. Include indication of magnitude and complexity of work in which engaged, your duties and degree of responsibility). <i>(Additional sheets may be attached).</i>	Name, Position and Address of Architect under whom served & contact no.	Total	Design Development	Design Concept	Contract Documentation	Contract Admin	Masters / Post Graduate Study / Research / Teaching	Signatures of any Architect who has personal knowledge of Applicant's training or experience in the period mentioned.
		Total Month							