

## Training Agreement Application for Initial Professional Development

Please consult BAPEQS Document on “Continuing Professional Development Guidance” before completing this form.

### Trainee’s Personal information:

Full Name:			
Title:		Date of Birth:	

### Trainee’s Office address:

Job Title:			
Organization:			
Address line 1:			
Address line 2:			
City:		Postcode:	
Telephone work		Telephone mobile	
Work email			

### Supervising Engineer (SE) information:

Professional Institution		Membership no:	
Full Name:			
Job Title:			
Signed:		Date:	

### Trainee’s Academic Qualifications (Undergraduate and Post Graduate)

Awarding University/College (in order attained)	Course Details Please list title of award (MEng, BEng etc), full time, part time and level (ie. Hons, Pass etc)	Class (1 <sup>st</sup> , 2 <sup>nd</sup> , etc)	Start Date (mm/yy)	End Date (mm/yy)

### Training Details:

Training Discipline:		Start Date:	
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**Important undertaking to be signed by:**

Employer	Trainee
We undertake to provide the trainee with the opportunities for Approved Training either within the organisation named above or by secondment to other organisations. The trainee's employment for the period of the training will depend on satisfactory work and conduct, and on conditions of business allowing training to be provided. We undertake to notify BAPEQS if this Agreement is transferred, suspended or cancelled.	I undertake to draw full benefit from the opportunities of Approved Training to be provided by my employer named above, and to observe the advice of the Supervising Engineer for the full period of training. I will record my work experience. I undertake to maintain my BAPEQS membership.
<b>Signed:</b>	<b>Signed:</b>
<b>Date:</b>	<b>Date:</b>
<b>Name:</b>	<b>Name:</b>

**Notes:**

1. Applicants should keep the original of this Form and submit a copy to BAPEQS. This will not be returned after registration.
2. You may apply by email (scanned copy) to [apeqs.sec@mod.gov.bn](mailto:apeqs.sec@mod.gov.bn)

*A photocopy of any qualifications held must be submitted with this application and certified as a true copy. If evidence of the qualifications are not submitted/authenticated, a delay to the processing of your application may occur.*

**The certified copy must be a "true copy of the original" of your academic qualification AND your University lecturer, senior member of your employing company, or a BAPEQS registered engineer, must write the following in blue or black pen directly onto the proof of academic qualification:**

"I confirm this to be a true copy of this applicant's qualification"

Signature:

Name (clearly printed):

Date:

Employing organisation/university or college:

Position:

A contact telephone number or email address:

BAPEQS membership number (if applicable):

**Please Note: All documentation provided must be copies of the original, as these documents will not be returned after the assessment. Also documents not in English, should be accompanied by an English translation certified as correct by an official translator, senior member of your employing company or a BAPEQS registered engineer.**

**BAPEQS OFFICIAL USE ONLY**

Agreement Accepted by:	
Signature:	Date:
Name:	
Registration is Effective from:	