**APC SUBMISSION FORM**

I, the undersigned hereby make an application for inspection of the Interim / Final submission for a total of _____ months / hours of practical experience. The duly completed documentation as prescribed in the Registration Policy is attached.

Surname (Mr/Mrs/Miss) ________________________ First Name ________________________

Nationality ________________________ ID / Passport No. ________________________

Reg. IT No. ____________ Registration Date ________________________________

Approved Backdating (if any): ____________________________________________

**Tertiary Qualifications**

Programme ________________________ Institution _______________ Year _________

Additional academic requirements (if applicable)

Council Exams:  

Part 1 ______%  Year / month ____________________

Part 2 ______%  Year / month ____________________

Professional Skills Modules:

PSM 1 ______%  PSM 10 ______%

PSM 2 ______%  PSM 11 ______%

PSM 3 ______%  PSM 12 ______%

PSM 4 ______%  PSM 13 ______%

PSM 5 ______%  PSM 14 ______%

PSM 6 ______%  PSM 15 ______%

PSM 7 ______%  PSM 16 ______%

PSM 8 ______%  PSM 17 ______%

PSM 9 ______%  PSM 18 ______%
Current Contact details

Telephone: Home ___________________ Work ____________________
Mobile No. ______________________
E-mail address ________________________
Postal Address ________________________
____________________________________ Code ______

Practical Experiences in QS Work (earliest to current)

Employer (1): __________________________________________________________
Supervisor/Mentor: _______________________________ PrQS. No. _____
Employer’s address: _____________________________________________________
__________________________________________________________
Employment Duration in months: _______ from: ____________ to: ____________

Employer (2): ________________________________________________________
Supervisor/Mentor: _______________________________ PrQS. No. _____
Employer’s address: _____________________________________________________
__________________________________________________________
Employment Duration in months: _______ from: ____________ to: ____________

Employer (3): ________________________________________________________
Supervisor/Mentor: _______________________________ PrQS. No. _____
Employer’s address: _____________________________________________________
__________________________________________________________
Employment Duration in months: _______ from: ____________ to: ____________
Candidate’s Signature: _____________________________________________________________

DECLARATION BY CURRENT EMPLOYER/SUPERVISOR:

I, ________________________________________________________ PrQS No. _________
hereby certify that ______________________________________ is currently a candidate
under my supervision and she/he has completed the in training work set out in the submitted
reports and summaries under my supervision.

Signature: ___________________________ Date: ______________