## board of architects singapore

5 Maxwell Road, #01-03 Tower Block, MND Complex, Singapore 069110. Tel: 6222 5295 Fax: 6222 4452

#### APPLICATION FOR ADMISSION

# **APEC ARCHITECT Domain Specific Process**

Supplementary Assessment Process (For Singapore Registered Architect)

Please complete this form using BLOCK LETTERS and tick boxes ( ) where applicable

Paste a recent passport size photograph of applicant

#### A PERSONAL PARTICULARS

Name of Applicant (As in Passport)	* Mr/Mrs/Miss/Mdm		
* NRIC/Passport No.			
Nationality			
Home Address			
Contact No.	Home:		
Email Address			

#### B PRACTICAL EXPERIENCE

I wish to be placed on the APEC Architect Register and the record of my seven (7) years of practical experience as an architect has been as follows:

(Give full particulars, including the names of employers, positions held and dates when employed by each employer)

Applicant is required to submit details as set out in the required **Appendix 1**. (Give full particulars, including the names of employers, positions held and dates when employed by each employer)

C	I enc	close the fe	e of:	
	a)		Registration Fee:	S\$200.00 (One time payment)
	b)		APEC Architect Certificate:	S\$100.00 (Per Year)
	(*ca	sh/cheque/	bank draft No	made payable to <b>Board of Architects</b> )
D	DEC	CLARAT	ION	
	I, the	e undersign	ed, hereby declare that all the	foregoing statements are true in every respect.
	Sign	ature of Ap	pplicant	
	Date	;		
	*	Delete	where not applicable	
				an offence to make any false or fraudulent or in writing in connection with this application.
FOR O	FEIC	IAL USE (	ONI V	
			<u> JNL 1</u>	
Fee Re	ceive	a		
Receip	t No.			
APEC	Archi	tect Regn I	No.	
Entered	d in R	egister		

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#### **APPENDIX 1 - PRACTICAL EXPERIENCE**

#### Record of seven (7) years of professional practice as an architect

Please complete the following records of relevant experience over in total the last seven years.

# 1. Three (3) years of practice as an architect with professional responsibility for projects undertaken

Please record below <u>a minimum of three (3) years</u> of practice as an architect with professional responsibility for projects undertaken. This can be either when you were the architect with sole professional responsibility for a building of moderate complexity or the architect in charge of a significant aspect of a complex building or a combination of these. Please list projects in reverse date order, i.e. starting with the most recent first.

Project name	
Dates (start/finish)	
Firm name	
Applicant was the architect with sole professional	Yes / No
responsibility for a building of moderate	
complexity	
Applicant was the architect in charge of a	Yes / No
significant aspect of a complex building	
Role of applicant	
Brief description of project with reference to level	
of complexity	
Project name	
Dates (start/finish)	
Firm name	
Applicant was the architect with sole professional	Yes / No
responsibility for a building of moderate	
complexity	
Applicant was the architect in charge of a	Yes / No
significant aspect of a complex building	
Role of applicant	
Brief description of project with reference to level	
of complexity	
Project name	
Dates (start/finish)	
Firm name	
Applicant was the architect with sole professional	Yes / No
responsibility for a building of moderate	
complexity	
Applicant was the architect in charge of a	Yes / No
significant aspect of a complex building	
Role of applicant	
Brief description of project with reference to level	
of complexity	

Note: Make a copy of this sheet when an extra sheet is needed.

#### 2. Experience gained in additional four (4) years period of professional practice as an architect

In the table below, please record a <u>minimum of an additional four (4) years</u> of professional experience gained in the following categories of architectural practice:

- A. Preliminary Studies and Preparation of brief
- **B**. Contract Documentation
- C. Design
- **D**. Administration

Dates	Firm Name	Projects and experience (Place an X in the relevant boxes on the right to indicate categories of architectural experience	A	В	С	D	Role
	_						

Note: Make a copy of this sheet when an extra sheet is needed.

#### 3. Referees

Please list the names and positions held by professional associates familiar with your work. Referees should <u>not</u> be fellow directors.

Name	Firm Name	Contact number	Address

#### 4. **DECLARATION**

I hereby declare that the above info	ormation is true to the best of my knowledge.
Signature	
Architect Applicant's name	
Date	
APEC-APPENDIX I-2	