

**THE SOUTH AFRICAN COUNCIL FOR THE QUANTITY SURVEYING PROFESSION  
APPLICATION FOR INSPECTION OF **INTERIM (OR 18 MONTHS')** EXPERIENCE**

(This application form **MUST BE COMPLETED BY THE CANDIDATE** and **ENCLOSED** with the submission sent to the Registrar)

Tel (011) 312 2560/1 / Fax (011) 312 2562

I the undersigned hereby make application for inspection of the total of 18 months practical experience and enclose the duly completed logbooks and reports. **I undertake to submit this log book summary together with the log book for the remainder of my training period, which will be due when I have completed 33 months and a minimum of 600 day's training.**

<b>SURNAME (Mr/Mrs/Miss)</b>			
<b>FIRST NAMES</b>			
<b>NATIONALITY</b>			
<b>IDENTITY NUMBER</b>			
<b>IT NUMBER</b>	<b>EFFECTIVE REGISTRATION DATE .....</b>		
<b>BACKDATING (if any):</b>			
<b>FROM</b>	(day)	(month)	(year)
<b>TO</b>	(day)	(month)	(year)
<b>1. QUALIFICATION /S and PROGRAMME DURATION</b> <b>2. INSTITUTION</b> <b>3. YEAR OF PROGRAMME COMPLETION</b>			
<b>COUNCIL EXAMINATIONS</b> <b>(if applicable)</b>	<b>PART 1 PASSED?</b> <b>Yes</b> <b>No</b>	<b>PART 2 PASSED?</b> <b>Yes</b> <b>No</b>	
	<b>DATE</b>	<b>DATE</b>	
<b>CURRENT</b> telephone numbers			
Cellphone			
Landline			
<b>CURRENT</b> e-mail address			
<b>CURRENT</b> postal address			

**PRACTICAL EXPERIENCE IN QUANTITY SURVEYING WORK:**

Dates of Employment				Name and PrQS registration number of quantity surveyor under whose direction and control work has been performed
<b>EMPLOYMENT RECORD:</b> (Name, description and address of employer)	<b>FROM</b>	<b>TO</b>	<b>DURATION IN MONTHS</b>	

**NB**

- Categories of work in which experience has been gained must be set out in the enclosed log book and enclosed with this form
- South African university graduates, who qualified following a five-year programme, must submit a logbook and analysis of diary sheets in respect of their final year of study.

CANDIDATE'S SIGNATURE: \_\_\_\_\_

**DECLARATION BY EMPLOYER/SUPERVISOR:** PrQS Registration Number.....

I,..... hereby certify that:

.....  
(Name of Candidate)

has completed the in training work set out in enclosed forms and summaries under my supervision.

SIGNATURE:..... DATE:.....