

# **SACQSP ASSESSMENT OF PROFESSIONAL COMPETENCE**

## **EMPLOYER'S UNDERTAKING**

This undertaking is to be signed by a Principal in the organisation where the candidate is employed

If the candidate is employed in the public service, the undertaking must be signed by the Head (or authorised deputy) of Department in which the candidate is employed

Supervision of the Candidate's professional in-training experience must be performed by a

- registered quantity surveyor in private professional consulting practice, or
- registered quantity surveyor in the service of the State, or

any other registered person who, at least three years before the date appearing on this employer's undertaking,

- has passed an SACQSP-recognised / approved examination and
- is engaged primarily in the performance of the kind of work identified for quantity surveyors in terms of section 26(3) of Act 49 / 2000.

## EMPLOYER'S UNDERTAKING

(Before completing this undertaking the employer and/or supervisor should read the "Guide and Rules to the Assessment of Professional Competence")

NAME OF ORGANISATION OR DEPARTMENT AND FULL ADDRESS (block letters, please)

.....  
.....

With effect from (date) .....

The Candidate (full name) .....

has been / will be employed in my office and will be supervised by a staff member who is registered as a Professional Quantity Surveyor, to ensure that the candidate gains appropriate professional experience towards admission to the Assessment of Professional Competence.

I have read the "Employer's Responsibility" as set out in the "Guide and Rules to the Assessment of Professional Competence" and ***I HEREBY CONFIRM*** that the candidate will be gain prerequisite experience in the following areas denoted by the following clause numbers provided in Annexure A of the "Guide and Rules")

.....  
.....  
.....  
.....  
.....

I further undertake to ensure that the Candidate's supervisor

- (i) verifies the Candidate's reports, diary and Logbook submissions and
- (ii) co-signs the Candidate's declaration attesting to the submissions being his / her own work

I have nominated (full name)

.....

SACQSP Registration Number:.....  
as supervisor while the candidate gains the above experience

.....  
(name in **BLOCK LETTERS**)

.....  
Signature

.....  
Date

.....  
Official capacity/ designation