

APPLICATION FOR ADMISSION

APEC ARCHITECT

Domain Specific Process

Supplementary Assessment Process

(For Singapore Registered Architect)

Paste a recent
passport size
photograph of
applicant

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

A PERSONAL PARTICULARS

Name of Applicant * Mr/Mrs/Miss/Mdm

(As in Passport)

* NRIC/Passport No.

Nationality

Home Address

Contact No.

Home:

Handphone:

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 enclose the fee of:

a) ☐ Registration Fee: S\$200.00 (One time payment)

b) ☐ APEC Architect Certificate: S\$100.00 (Per Year)

(*cash/cheque/bank draft No. _____ made payable to **Board of Architects**)

D DECLARATION

I, the undersigned, hereby declare that all the foregoing statements are true in every respect.

Signature of Applicant

Date

* Delete where not applicable

Note: Applicant is reminded that it is an offence to make any false or fraudulent representation or declaration, either verbally or in writing in connection with this application.

FOR OFFICIAL USE ONLY

Fee Received -----

Receipt No. -----

APEC Architect Regn No. -----

Entered in Register -----

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 a minimum of three (3) years 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 responsibility for a building of moderate complexity	Yes / No
Applicant was the architect in charge of a significant aspect of a complex building	Yes / No
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 responsibility for a building of moderate complexity	Yes / No
Applicant was the architect in charge of a significant aspect of a complex building	Yes / No
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 responsibility for a building of moderate complexity	Yes / No
Applicant was the architect in charge of a significant aspect of a complex building	Yes / No
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 minimum of an additional four (4) years 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	B	C	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 not be fellow directors.

Name	Firm Name	Contact number	Address

4. DECLARATION

I hereby declare that the above information is true to the best of my knowledge.

Signature

Architect Applicant's name

Date
