

ARCHITECTS AND QUANTITY SURVEYORS REGISTRATION BOARD



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Issuing Officer & date	Processing Officer & date	Form Number

FOR OFFICIAL USE

**APPLICATION FOR REGISTRATION AS A
GRADUATE INTERIOR DESIGNER**

Dated _____

[Made under By-law 4]

1 **Personal Information** (Attach current CV and two current passport photographs)

Family Name _____	First Name: _____	Other Names: _____
Place of Birth _____	Date of Birth _____	Other Particulars _____
Country, _____	Year, _____	Nationality, _____
City, _____	Month, _____	Sex, Male / Female _____
District, _____	Day, _____	Marital status _____

2 **Current Postal Address** _____

Telephone No(s): _____ Mobile _____ Fax _____ e-mail: _____

3 **Physical Address** (Location of Registered Office)

House No. _____ Block No _____ Street Name: _____ Town/City: _____

4. **Name and Contact Address of the Academic Institution that trained you:** Name _____

Box No. _____

Telephone No(s): _____ Mobile _____ Fax _____ e-mail _____

This application Form contains fifteen sections and each must dully be filled in before it is processed by the Board.

5. **Academic qualifications** (Attach certified Photocopies, current cv and two passport photographs):

Name of Institution and Place of Study	Cause of Study	Year of From	Attendance To	Qualifications obtained (Degree/Diploma etc.)

6. Have attempted **The Board's Examination** Y/N and or an **Oral Interview** Y/N

7. **Personal References** :(Referees must be Interior Designer registered with the Board in Tanzania):

Referees	Address (Postal, Mob.. No & e-mail)	Association/Relationship with the applicant
(i).Name		
Signature		
(ii).Name		
Signature		
(iii) Name		
Signature		

8. Have you been **registered with any other similar Board in the past?** Yes/No.

If Yes, Which Board? _____, in which country? _____ and when? _____. Have you been de-registered there? Y/N if Yes When? and why? _____

9. Have you been **de-registered with our Board in the past?** Yes/No.

If Yes, **Why** were you de-registered? _____

10. Are you registered by Architects Association of Tanzania? Yes/No.

If Yes give your Registration No _____

11. The prescribed registration Fee (registration, annual subscription and certificate of registration fees) shall be paid at the time of application.

Registration fee of TShs/US\$ _____ and _____ in words, _____ is enclosed in cash / vide Cheque no. _____ of _____ Bank Branch

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12 The Summary of my professional experience is outlined in section 14 and covered in _____ pages.

(The Page for this Section may be photocopied as much as needed by the applicant).

13 **Next of Kin**

Indicate next of kin to be contacted by the Board when need arise:

Name _____ address: _____ - Tel No. _____

E mail _____-Relationship _____

14. Past experience in the field as **Interior Designer trainee**

Summary of **practical experience** (add additional photocopied sheets of the following page if you require more space)

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and Registration number of the Supervising Interior Designer	

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of the project employer:	
Name and registration number of the Supervising Interior Designer	

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Interior Designer	

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	

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Name and registration number of the Supervising Interior Designer	

Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Interior Designer	
Period (Month and Year): From _____ To _____	Name the project. Indicate the activity / work area, which you personally performed, and achievement.
Name and Address of employer:	
Name and registration number of the Supervising Interior Designer	

15 Declaration

I hereby apply to be entered into the register of **graduate Interior Designer** and undertake to abide by all provisions of the Architects and Quantity Surveyors Registration Act, No. 4 of 2010 and any regulations and By-laws made there under including Code of Ethics.

I Certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of the Applicant

Date

:_____