



Professional Quantity Surveyors' Council

c/o Ministry of National Infrastructure

QS Section, Phoenix – Mauritius

Tel: 5828 5585 – Email: registrar@pqsc.mu – Website: www.pqsc.mu

Registration Form

APPLICATION FOR REGISTRATION

as Professional Quantity Surveyor

(Please fill in block letters and submit to Registrar)

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PASSPORT PHOTO
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APPLICATION TYPE (Please tick as applicable)

Type	FIRST TIME	REFERRED	
		1 st time	2 nd time
1. Graduate Route (A, B & C)			
*Approved degree or equivalent qualification in Quantity Surveying			
2. Professional member of the RICS			

***NOTE:**

(a) Please take an appointment, by sending an email to the Registrar (registrar@pqsc.mu) to submit your application form. The subject of your email *should be* "Application for Registration". Your email should also include your full name, qualifications and your Postal address

(b) Please note that incomplete or wrongly filled application forms will NOT be accepted.

SECTION 1

PART A – GENERAL PARTICULARS

Surname:.....

.

First Name(s):.....

Maiden Name (if applicable):.....

Date of Birth:

Sex:

Male / Female

Nationality:.....

National Identity Card No (for Mauritian Citizens):

Passport No (for Non-Mauritian Citizens):

Residential Address:

.....

.....

Postal Address (if different from above):

.....

Email Address:

Other contact details: Mobile: Office: Home:

Fax:

Please confirm below the industry sector you primarily work in:

Building **Engineering** - **Civil**

M&E

Additional information

Please indicate and provide details below if you have any disabilities with regard to visual, hearing, speech or access, and wish the assessment panel to take this into account for your assessment.

These must be supported in writing (supporting/medical evidence must be included with this form).

.....
.....

PART B – EDUCATION AND QUALIFICATIONS

Qualification in Quantity Surveying

Educational institution and address

Qualification title

Date of qualification

Other Qualifications

University/Organisation Graduation Year Diploma/Degree

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

Membership of Professional Bodies

Name

Date Grade (e.g, Associate/Member/Fellow)

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

PART C – EMPLOYMENT RECORDS

Present Employment Details

Firm/Organisation.....

Contact Details:
.....

Job Title:

Start date of employment:.....

Brief Description of Nature & Scope of duties

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

2. Previous Employments in the field of Quantity Surveying (*if applicable*)
(*please list starting with the most recent ones*)

NR	PERIOD	JOB TITLE	Employer	Type and scope of responsibilities

SECTION 2

APPLICATION FOR REGISTRATION AS PROFESSIONAL QUANTITY SURVEYOR FORMAT OF REFEREES DECLARATION

APPLICANT NAME:.....

We the undersigned, propose and recommend the applicant from personal knowledge, or from careful enquiry, as in every respect worthy of registration and propose him/her to the Council as a proper person to be admitted as a Professional Quantity Surveyor.

The proposer and seconder must both be Professional Quantity Surveyors (PQS), one must have at least 10 years experience in the field of Quantity Surveying and no more than one shall be from the applicant's employing firm or organization. Waiver of the latter requirement may be obtained should the applicant prove that there is no "in-home" PQS in his/her employing form or organization.

You must provide 2 signatures on the application form at the time you submit to Council. No allowances will be made for missing signatures to be sent later. If there are signatures missing, the form will be sent back to you.

Proposer

Surname (Block Capitals)

First Name

Registration Number

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Email Address:

Other contact details: MobileOffice Fax.....

Signature

Seconder

Surname (Block Capitals)

First Name

Registration Number

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Email Address:

Other contact details: MobileOffice Fax.....

Signature

SECTION 3

APPLICATION FOR REGISTRATION AS PROFESSIONAL QUANTITY SURVEYOR

APPLICANT'S DECLARATION

I,..... *(insert name in full)* hereby apply for registration as professional quantity surveyor and declare that the contents of the reports submitted herewith represent the depth of my knowledge and experience acquired during my supervised training. The reports represent a true and accurate record of work undertaken by myself.

I will not seek to know the identity of my assessors, or attempt to influence the Registration Board members likely to assess me, either directly or indirectly, either before or during my interview.

I agree that any attempt to influence the Council or Registration Board members will lead to the automatic cancellation of my interview, and postponement of the same for a later date and hereby consent that Council may seek independent information about my conduct, depth of knowledge and professionalism during my training.

I further declare that:

- I have not been convicted of any offence involving fraud or dishonesty in any country
- I have not been disqualified or deregistered from practicing quantity surveying on account of professional misconduct, professional negligence, fraud, dishonesty or breach of a code of practice in any country
- I do not suffer from any mental impairment which is likely to hamper the discharge of my duties as a professional quantity surveyor.

I hereby undertake:

- To comply and act in accordance with the rules and regulations, code of practice of the Council as they now exist, or as they may in the future be amended, and also comply with such other requirements as the Council shall determine
- To promote the Objects of Council as far as in my power
- Not at any time after ceasing to be registered to use or permit to be used in conjunction with my name, or name of any organisation with which I may at any time be associated, any designation or expression denoting or suggesting registration or any connection with the Council
- To pay promptly any monies due to the Council, including but not limited to any fee, subscription, levy, arrears, fine or other penalty, or re-imburement in accordance with any scheme of compensation
- To declare any criminal conviction within 30 days
- That should I wish to be removed from the register, to notify the Registrar in writing.

If at any time the Council discovers that I have failed to disclose any of the above or that I have provided false information it will have the right to terminate my registration with immediate effect (with no further obligation to refund any subscription or other fees).

I understand and accept that I am accountable for the truth of this declaration.

I also agree that any decision which Council may take as a result of this application shall be final and shall be fully binding upon me.

Signature

Date

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SECTION 4

DECLARATION FOR FINAL ASSESSMENT APPLICATION

SUPERVISOR'S DECLARATION

(For Application Type 1 only)

(in case of more than one Supervisor, include a fresh page for each one of them)

I,.....(insert name in full),registered with the Professional Quantity Surveyors' Council with Registration Number hereby declare that I was on the Council Register during the applicant's period of training and was entitled to practice quantity surveying for the period wherein I have supervised the applicant.

I further declare that I have read the submission reports of (Applicant's name) in full and that it is a true and accurate report of the depth of quantity surveying training received while under my supervision.

I further declare having and acted as Supervisor in accordance to the Guidelines issued by PQS Council to that effect. I am satisfied with the ethics and professional conduct of the applicant in view of an eventual registration as a Professional Quantity Surveyor.

I am aware that Council may contact me independently to enquire about the application and I will be bound by the PQS Council Code of Ethics to provide fair and unbiased information in such circumstances.

Surname:

First Name:

Signature :

Supervisor's Contact details:

Phone number: (Res)(mob)

Email:

EMPLOYER'S DECLARATION

(For Application Type 1 only)

(in case of more than one Employer, include a fresh page for each one of them)

I, _____, hereby certify that the above Applicant is currently /has been employed in my firm/organisation/department during the period _____

Employer/Head of Department Name: _____

Signature of Employer/Head of Department

Date

APPLICANT'S CHECKLIST FOR SUBMISSIONS

(Application must be accompanied by non-refundable fees of Rs 1500 for processing fee and Rs 5000 for registration fee. Payment can be effected either by cash or bank cheque in favour of the Professional Quantity Surveyors' Council).

DOCUMENTS TO BE SUBMITTED (where applicable)					Remarks
	Applicant use		Council Use		
	Yes	No	Yes	No	
Each document listed below must be provided with the application.					
Birth Certificate*					
Marriage certificate* (for female applicants only)					
National Identity card (for Mauritian citizens)*					
Passport with copy of pages showing photo, visa, and entry seal with date (for Non-Mauritian citizens) *					
Work permit (for Non- Mauritian citizens) *					
Proof of degree or equivalent qualification in Quantity Surveying*					
Proof of professional membership of RICS (for Application Type 2) *					
Filled in application form					
Proposer and Seconder form, filled in and signed					
Applicant Declaration, filled in and signed					
Supervisor Declaration, filled in and signed (for Application Type 1)					
Employer Declaration, filled in and signed (for Application Type 1)					
Application fee of Rs					
Certificate of Character					
.....(Signature of Applicant)					

* Original to be brought for vetting of copies by the Registrar

REPORTS (for Application Type 1) To be submitted in one original and three copies	Applicant use		Council Use		Remarks
	Yes	No	Yes	No	
	Daily diary records and summary table				
Logbook					
Interim reports					
Summary of Experience (prior to 18 th September 2014)					
Critical report					
Professional Development records – min of 20 hrs per annum					

.....(Signature of Applicant)

SECTION 1

PART A – GENERAL PARTICULARS

Surname:.....

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First Name(s):.....

Maiden Name (if applicable):.....

Date of Birth:

Sex:

Male / Female

Nationality:.....

National Identity Card No (for Mauritian Citizens):

Passport No (for Non-Mauritian Citizens):

Residential Address:

.....

.....

Postal Address (if different from above):

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Email Address:

Other contact details: Mobile: Office: Home:

Fax:

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Qualification title

Date of qualification

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Membership of Professional Bodies

Name

Date Grade (e.g, Associate/Member/Fellow)

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Proposer

Surname (Block Capitals)

First Name

Registration Number

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Email Address:

Other contact details: MobileOffice Fax.....

Signature

Seconder

Surname (Block Capitals)

First Name

Registration Number

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- To promote the Objects of Council as far as in my power
- Not at any time after ceasing to be registered to use or permit to be used in conjunction with my name, or name of any organisation with which I may at any time be associated, any designation or expression denoting or suggesting registration or any connection with the Council
- To pay promptly any monies due to the Council, including but not limited to any fee, subscription, levy, arrears, fine or other penalty, or re-imbusement in accordance with any scheme of compensation
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Date

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Surname:

First Name:

Signature :

Supervisor's Contact details:

Phone number: (Res)(mob)

Email:

EMPLOYER'S DECLARATION

(For Application Type 1 only)

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I, _____, hereby certify that the above Applicant is currently /has been employed in my firm/organisation/department during the period _____

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Date

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Work permit (for Non- Mauritian citizens) *					
Proof of degree or equivalent qualification in Quantity Surveying*					
Proof of professional membership of RICS (for Application Type 2) *					
Filled in application form					
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Interim reports					
Summary of Experience (prior to 18 th September 2014)					
Critical report					
Professional Development records – min of 20 hrs per annum					

.....(Signature of Applicant)