

PRACTICAL EXPERIENCE LOG BOOK		
Full Name of Applicant		
Project Start Date		
Project Completion Date		
Project Name		
Project Description		
<b>CATEGORIES OF EXPERIENCE</b>		<b>Check Mark Applicable</b>
<b>A) Project and Office Management</b>		
1	Meeting with client(s)	
2	Discussions with clients of the brief and the preliminary drawings	
3	Formulation of client requirements	
4	Determination of contract conditions	
5	Drafting of correspondence	
6	Coordination of the work of consultants Office and Project accounting systems	
<b>B) Design and Design Documentation</b>		
1	Site investigation and evaluation	
2	Meetings with relevant authorities/consultants	
3	Assessment of the implications of relevant regulations	
4	Preparation of schematic and design development drawings	
5	Checking design proposals against statutory requirements	
6	Preparation of budgets, estimates, cost plans, and feasibility studies	
<b>C) Construction Documents</b>		
1	Preparation of working drawings and specifications	
2	Monitoring the documentation process against time and cost plans	
3	Checking of documents for compliance with statutory requirements	
4	Coordination of subcontractors documentation	
5	Coordination of contract drawings and specifications	
<b>D) Contract Administration</b>		
1	Site meetings	
2	Inspection of works	
3	Issuing instructions, notices, and certificates to the contractor	
4	Client reports	
5	Administration of variations and monetary allowances	
<b>DECLARATION BY APPLICANT</b>		
I, the undersigned, hereby declare that the information contained in this document is a true record of the practical experience that I have acquired. I understand that any willful misstatement described herein may lead to my disqualification, if engaged.		
Full Name of Applicant		
Signature of Applicant		
<b>DECLARATION BY SUPERVISING REGISTERED PROFESSIONAL ARCHITECT</b>		
I, the undersigned, hereby confirm that the information entered into this page is a true record of the actual practical experience that the above applicant has acquired under my supervision.		
Full Name of Professional		
Signature of Professional		
Name of Association		
Registration Number		