

GHANA INSTITUTION OF SURVEYORS P.O. BOX 916, ACCRA

e-mail: secretariat@ghisonline.org website: www.ghisonline.org

Fix Photograph

APPLICATION FOR ENROLMENT AS A **TRAINEE PROFESSIONAL** SURVEYOR

FIRST N	
Date of	BirthAge:
Postal /	Address:
E-mail.	Tel NoDate:
1.	I am desirous of seeking admission as Trainee Professional Surveyor in theDIVISION and hereby agree, if enrolled, to remain as such until I qualify for admission to the class of Professional Member .
2.	In the event of having to sit for any of the Examinations/Test of Professional/Technical Competence of the Institution, I desire to present myself in due course for same.
3.	I undertake to pay both the Registration Fee and Annual Subscriptions on enrolment as a Trainee Professional Surveyor. On being admitted as a Trainee Professional Surveyor and in consideration thereof, promise to abide by the Constitution, Bye-Laws, Rules of Conduct (Regulations) and Code of Ethics of the Ghana Institution of Surveyors.
4.	I enclose the completed "STANDARD FORM FOR PERSONAL, PARTICULARS".
5.	Name and address of Schools and Colleges attended with dates. ((Attach two Certified True Copies or relevant Certificates). Note: Without the said Certified copies, your application will not be considered.
	a
	b
	C
	d
	e
6.	Qualifications (Indicate year of qualification and attach two (2) copies each of relevant certificates)
	a. Academic:
	Note: Please attach two (2) copies of your Curriculum Vitae

D.	Professional
C.	Applicants may supply additional information on supplementary sheets.
Em	ployment Particulars (including positions held during the last 5 years):
То	CTION 'B' COLLEGE PRINCIPAL'S DECLARATION* be completed when the candidate is engaged in Full-time/Part-time* course of Professional Instruction in TATE SURVEYING AND VALUATION /QUANTITY SURVEYING/LAND SURVEYING*
	/Mrs. / Miss:
	t present taking a Full-time/Part-time course of professional instruction under me at:
ha	ving commenced the course onsince that date he/she has been pursuing a l-time/Part-time course for the Professional Examination/Test of Professional/
Tec	chnical Competence in the
The	nore if not applicable a name and qualifications of the principal responsible for the candidate's instruction and making this claration (Indicate Diploma No of GhIS) is
Sig	nature: Date:
To the (or	CTION 'C' TRAINER'S/EMPLOYER'S DECLARATION be signed by the Principal or by a Partner in the firm where the candidate is training/employed. Where candidate is trained/employed in the Public Service or by a large undertaking, the signature of the Head his authorized deputy) of the technical department in which the candidate is engaged must be obtained. me of Firm or Public Service:
Loc	ation and Postal Address:
	Tel
Indi	cate Technical Department/Division:

1.	Mr./Mrs./Miss:is at present in my office obtaining practical experience under me or a senior qualified member of my staff.
2.	The candidate is engaged in our Head/Branch Office at:
3.	The name and qualifications of the person directly responsible for the candidate's training and making this declaration (Indicate Diploma No of GhIS) is:
Sig	ature:Date:
Fro	TION 'D' PROPOSER'S DECLARATION (FELLOWS only can propose) n my personal knowledge I consider the applicant a suitable candidate for enrolment as a Trainee ressional Surveyor of the Institution.
Nar	e:Diploma No:
YΕ	R ELECTED AS FELLOW:
Pla	e of Employment
Pos	al Address
Tel.	
Sig	ature:Date:

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STANDARD FORM FOR PERSONAL PARTICULARS

(To be submitted with appropriate formal application by all Applicants and to be completed in Block Letters)

FIRS	A T	IAME:SURNAME
POS	TAI	ADDRESS:
AGE	:	YEARS DATE OF BIRTH:
	A.	I hereby apply for enrolment as a Professional Surveyor , on the grounds that I have passed all relevant examination (s), the certificate (s) of which I enclose and I undertake to pay the appropriate Registration Fee on enrolment as a Trainee – Tick
	B.	I hereby apply for exemption from all the Professional/Technical examinations of the Institution on the grounds that I have passed all relevant examinations, the Certificate (s) of which I enclosed and I undertake to pay all the appropriate fee on my admission as a Professional Member . – Tick
1.	(a)	I am employed by:
	(b)	Whose Head Office address is:
	(c)	I am engaged in the office as:
	(d)	This firm was established in:
	(e)	The Principal Partners' Names are (i)
		(ii)(iii)(State whether they are members of the GhIS)
	(f)	The type of work carried out by the Firm or Department is:
	(g)	My Present Position is:
	(h)	Please State whether a permanent or temporary employee:
		I was appointed on:
	(i)	My work comprises:

2.	If undergoing full-time/Part-time course of instruction state the nature of course and the place of instruction:
3.	Particulars of past appointments with name of firm. Indicate if any partners of these firms were members of the Ghana Institution of Surveyors:
4.	Is/was any relative a member of the Ghana Institution Surveyors? YES/NO IF YES, give particulars with Diploma No:
5.	Particulars of any previous applications to the Gh.I.S with dates and decision i.e. Studentship, or examination applications:
6.	Are you concerned directly or indirectly in any business or trade other than that of a Surveyor as defined by the Constitution and Bye-Laws? YES/NO, If Yes give particulars:
7.	Are you entitled to receive directly or indirectly any remuneration or trade commission with any business other than that of a Surveyor? YES/NO, if Yes give particulars:
	APPLICANT'S DECLARATION I certify that the answers to the above questions are correct.
	Name
	Note: You may expand any of the sections on a separate sheet of paper.
	FOR OFFICIAL USE ONLY
	Date Issued:
	Date Received:
	What is the Financial Position of the: Name of Proposer
	Proposer's Employer
	Name of Trainer
	Trainer's Employer
	Name of Officer:
	Certificate (s) Seen:

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Exa	Examined and acknowledged by:				
A.	Executive Director's Comments				
	Date				
	Referred to Division on (Date)				
В.	Comments by Division				
	Referred to Governing Council on (Date)				
C.	Decision of Governing Council				
	Date				
D.	Applicant notified on (Date)				
E.	Hon. Secretary: Name				
	• SignatureDate				