REFEREE REPORT

Name of Referee:..... **Date:.....**

Address:.....
.....
.....
.....

Dear Sir / Madam

I have applied to the **Registration Council for Architects, Engineers, Surveyors and Allied Professionals** for registration as a ……and hereby request you to provide the Council with your evaluation of my experience and capabilities, on the basis of your personal knowledge thereof.

Please use the attached form below.

In making this request to you I acknowledge that the information which will be supplied by you to AESAP is of a confidential nature and that I have no right thereto.

Your co-operation and early dispatch of the document direct to the Council would be appreciated, as it would expedite the processing of my application.

Thank you in advance for your co-operation.

Yours faithfully

……..
Signature of Applicant **Name of Applicant**:.....

ID/Passport No:……

Telephone No:..... **Cell No:.....**

REFEREE REPORT

Please complete this form using type or print in black ink.

The Registration Council for Architects, Engineers, Surveyors and Allied Professionals agrees that it owes a duty of confidence to all referees.

1. Name of Applicant: _____

Address: _____

_____

_____

2. General Information:

(a) My **personal** knowledge of the applicant's architectural training extends from _____

to _____ (month and year to the best of my memory).

(b) My association with the applicant was that of: (Please tick √ appropriate block)

Mentor	Colleague	Supervisor	Employer	Other *(Describe)*

(c) Are you related to the applicant by birth or marriage? Yes _____ No _____

If yes, please state relationship: _____

3. Applicant's Architectural Experience: *(Referee's evaluation)*

In my opinion, the applicant's involvement in the architectural work described in his training report, was as follows:

TASK or PROJECT (Please refer to period no. in applicant's training report and indicate core description of work)	**Level of responsibility -** *(please check ✓)*	**Full involvement** in full task	**Full involvement** in part of task	**Only exposure to** full task	**Only exposure to** part of task
Period No: _____ From: _____ To: _____	Full:				
	Part:				
	No:				
Period No: _____ From: _____ To: _____	Full:				
	Part:				
	No:				
	Full:				
Period No: _____ From: _____ To: _____	Part:				
	No:				
Period No: _____ From: _____ To: _____	Full:				
	Part:				
	No:				

AESAP
REGISTRATION COUNCIL FOR
ARCHITECTS, ENGINEERS,
SURVEYORS & ALLIED
PROFFESIONALS

4. Evaluation of Competence and Development:

SUBJECT	**Exceptionally high quality of work with sound innovative thinking**	**Fully meeting the normally high standards of architecture**	**Adequate, but occasionally requiring amendments**	Frequently **requiring amendments**	Do **Not Know**
Problem solving ability					
Application of architectural principles					
Architectural judgment					
Management:					
Time					
Finance and control					
Communication: Accurate, brief and clear?					
Acceptance of responsibility					
Professional conduct					

5. Specific comments on Applicant's ability to assume responsibility as a member of the Council, his/her competence, development and limitations:

_____

_____

6. Referee's Recommendation:

I regard the applicant competent to be registered as applied:

Yes	**No**	**No comment**	**Do not know**

7. **Declaration by Referee:** I hereby confirm that I am conversant with the Council's requirements for registration as well as the instructions on this referee report, and that I am prepared to substantiate my view expressed herein at an interview, should the Council require me to do so. I also confirm that I submit this information to AESAP on the understanding that it will be treated as confidential.

Name of Referee: _____ **Title of Position held:** _____

Qualifications: _____

AESAP Registration: _____ **Registration No:**_____

Employer: _____ **Tel/Cell. No:**_____

Signature of Referee: _____ **Date:** _____

Please post to:

The Registrar
Registration Council for Architects, Engineers, Surveyors and Allied Professionals (AESAP)
PO Box 3654
Mbabane
Swaziland

Or hand deliver it to:

LCC Capital Consulting
Dzeliwe Street
Emlonyeni Building, 3rd Floor