

3. APPLICATION PACKAGE – CONFIRMATION OF PRACTICAL EXPERIENCE

Candidate No.: _____



香港建築師學會
The Hong Kong Institute of Architects



建築師註冊管理局
Architects Registration Board

Dear Sir

Confirmation of Practical Experience

Mr. /Ms _____, is applying to sit for the HKIA/ARB Professional Assessment Papers 3, 4 and 5 in March 2020.

I wish to seek your kind confirmation of the employment record of this candidate. The employment details provided by the candidate are attached. Grateful if you would confirm the authenticity of the contents by signing and affixing your company chop on the attached sheet, and **returning the ORIGINAL reply slip to the HKIA-ARB Joint Secretariat before 3 January 2020** to facilitate the above candidate's application for sitting the Professional Assessment. Kindly note that such confirmation(s) submitted via email/fax and copies of the confirmation(s) will be deemed invalid.

Thank you.

Yours sincerely

Queenie Wong
Registrar

Candidate No.: _____

REPLY SLIP

To : Ms. Queenie Wong, Registrar ARB
 The Hong Kong Institute of Architects & Architects Registration Board
 19/F One Hysan Avenue
 Causeway Bay, Hong Kong
 (Fax no. for enquiries: (852) 2519 6011 or 2519 3364)

Confirmation of Practical Experience of _____

Points to note for the candidate:

- Note A Please refer to Section 2.1.2 of HKIA/ARB Professional Assessment Handbook on Category A / B / C experience.
- Note B Please fill in your experience in chronological order, starting with latest experience, and include all duration of experience up to **31 December 2019**.
- Note C The Confirmation of Practical Experience should be signed by either the company **director or the direct office supervisor** who is an **HKIA Member** concurrently during your employment period. For overseas practical experience, confirmation must be signed by your direct office supervisor.
- Note D: Please give particulars if your direct office supervisor is not an HKIA member (refer to PA Handbook Section 2.1.2) and supply with a photocopy of the membership certificate of your office supervisor.
- Note E Practical Experience from **different firms** should not be confirmed on the same Confirmation of Practical Experience, **separate confirmations** of practical experience should be used and attached to the application form.

	Employer (Name of Firm)	Post Title	Direct Office Supervisor (HKIA Membership number)	Adviser	Experience on local projects [Please state YES / NO]	Duration (total number of months)	Category of Experience A / B / C
						dd.mm.yy - dd.mm.yy	
1.						. . — . . _____ mths ___ days	
2.						. . — . . _____ mths ___ days	

Signature

Name and Title of Signatory

Please affix official chop

- Note 1: Only the original confirmation will be accepted and copies of the confirmation are invalid.
- Note 2: **Any signs of change marked by correction pen / fluid** must be supplied with the official chop of the company and the official signature of the signatory next to the change(s) made.