

No. 3 Abdul Diouf Road, Ridge-Accra
P. O. Box 272, Ministries, Accra, Ghana GPS:
GA=053-6181

Email: admin@gia.com.gh

Website: www.gia.com.gh

Phone: +233 303-966-841

Mobile/WhatsApp: +233 241-921-557



Passport size with
your name
endorsed behind
here

PROFESSIONAL PRACTICE EXAMINATIONS APPLICATION FORM

(COMPLETE IN BLOCK LETTERS ONLY)

1. PREAMBLE

A properly completed application is required in order for your application to be processed. Ensure that you thoroughly READ, UNDERSTAND and COMPLETE the sections required on this application form.

a. Documents to attach:

- i. Current C.V (at most 2 pages) which details your work experience with specific durations (months and years) till date.
- ii. Completed and endorsed log books.
- iii. Proof of payment of non-refundable application fees.
- iv. Complete Synopsis of Projects.

2. PREQUALIFICATION

Register a written Yes or No answer only at the end of each statement.

a. I agree that I have obtained a copy of the PPE Handbook and I am acquainted with the provisions within the Handbook.....

b. I agree that the Architect (s) and/or Firm (s) who have endorsed/stamped my PPE documents are at least 5 years post-licensure and in **GOOD STANDING**.....

c. I agree that the projects I have logged were executed under **GIA REGISTERED FIRMS AND GIA REGISTERED ARCHITECTS (Both conditions must be satisfied)**.

d. I agree that projects submitted under the following would not be admitted for PPE:

- i. Non-Architectural Firms
- ii. Non-Architects
- iii. Firms or Architects not registered with the GIA.
- iv. GIA-registered Firms and Architects who are NOT in good standing in the year of application.

3. PERSONAL DETAILS

First Name	Middle Name	Last Name
Mobile Phone Number	Email Address	Postal Address
Date of Birth (dd/mm/yyyy)	Physical Address	Gh. Post GPS Address

4. PROBATIONER STATUS

<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Registered Probationer	Year registered as Probationer	Intended year to sit exams
<input type="checkbox"/> NEW	<input type="checkbox"/> RESIT	<input type="checkbox"/> Paper 1 Paper 2
Candidate Type	If RESIT, year(s) exam was taken	Paper(s) to resit

5. SPECIAL PROVISION FOR PERSONS WITH DISABILITY

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hearing Impairment	Visual Impairment			Mobility Impairment	
Other Impairments					

6. SPECIFIC PROVISIONS FOR QUALIFICATION

Register a written Yes or No answer only at the end of each statement.

a. I agree that the experience in my logbook was acquired within the immediate 4 years of my application to sit the examinations. Experiences which fall outside the 4 years would not qualify me for the examinations.

b. I agree that freelance work has not been logged as part of my experience.

c. (Answer if it applies to you) I agree that practical training with registered allied professional institutions does not form more than 12 months of my practical training experience and satisfies the under listed:

i. An understanding of the legal, contractual and procedural aspects of professional architecture practice in Ghana.

ii. A practical experience of obligations both legal and ethical, arising from the relationship between architect and client/employer/contractor/allied professionals/employee.

NB Allied professional institutions are: The Ghana Institution of Engineering; Ghana Institute of Planners; Ghana Institution of Surveyors; Recognized licensed government bodies with architectural departments.*

7. QUALIFICATIONS FOR PROJECTS

a. I agree that I was personally involved in the project I have submitted.

b. I agree that the project was logged under the supervision of a GIA registered Architect AND registered Architectural office.

c. I agree that the project submitted satisfies any of the under listed provisions.

i. A completed building

ii. A substantial section of a completed or partially completed complex building.

iii. An ongoing project which is at least 60% completed i.e. within the estimated contract period.

- d. I agree that I am currently employed or I was previously employed with the registered Architectural office executing the project.
- e. I agree that the project being submitted is at post-contract stage and at least 60% complete.
- d. I agree that I was exposed to and participated in site meetings, preparations of valuations and certificates, technical meetings, practical completion and defects liability procedures.
- e. I agree that the project involved 4 key consultants i.e Architect (s), Structural Engineer (s), Services Engineer (s) and Quantity Surveyor (s).
- f. I agree that a formal contract was signed between the Employer and Contractor/Consultants.
- g. I agree that the project cost was at least the Ghana Cedis prevailing rate equivalence of One Hundred Thousand United States Dollars (\$100,000.00).

8. ADDITIONAL SECTION FOR PROBATIONERS WITH FOREIGN ACADEMIC QUALIFICATIONS

- a. I agree that a minimum of 12 months of my practical training experience was acquired in a registered firm in Ghana under the guidance of a GIA registered Architect in a registered Architectural firm.
- b. I agree that if I did not obtain a minimum of 12 months of training in my country of study, all the required 24 or 36 months of practical training was obtained in Ghana under the guidance of a GIA registered Architect in a registered Architectural firm.
- c. I agree that the years of experience in the foreign country of study clearly shows knowledge of tropical architectural design as outlined in my logbooks and synopsis and meets the under listed:
 - i. An understanding of the legal, contractual and procedural aspects of professional architectural practice in Ghana.
 - ii. A practical experience of obligations, both legal and ethical, arising from the relationship between architect and client/employer/contractor/allied professionals/employee.

9. CURRENT PLACE OF WORK

Ensure current Supervisor stamps the form with a valid GIA stamp (Supervisor must be in good standing)

Name of Firm (Place of Work)		
Office Mobile Number	Office Email Address	Office Postal Address
Supervisor's Name	GIA Registration No.	Supervisor's Email Address
Supervisor's Phone Number	No. of months/years Supervisor has mentored the Applicant	
Supervisor's Signature & stamp		

10. UNDERTAKING

NB* Applicants must ensure that these forms and its attachments are properly completed. There would not be opportunities to amend and/or correct upon submission.

I (Full name) agree that all the information I have provided above is honest and true. I agree that any information found to the contrary may be used to disqualify me from the examinations and further revoke my architectural license and membership.

FOR OFFICE USE ONLY

Documents Received By

Documents Approved By

Name:

Name:

Signature:

Signature:

Date:

Date: