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**ASSESSMENT OF PROFESSIONAL COMPETENCE**

**APPOINTMENT OF QUANTITY SURVEYING SUPERVISOR**

|  |  |
| --- | --- |
| Name of Member |  |
| Membership No. |  |
| Designation |  |
| Organisation |  |
| **Contact Details** |
| Address |  |
| Telephone | Mobile ……………………………………………….. Residence …………………………………………... Office ……………………………………………….. WhatsApp No. ……………………………………………. |
| E-mail |  |
| **Details of Immediate Head of the Organization** |
| Name |  |
| Designation |  |
|   ………………………………………… *(Signature of Member)* |
| **Details of Proposed Supervisor** |
| Name  |  |
| Membership No |  |
| Contact Details | Mobile ……………………………………………….. WhatsApp No. …………………………………………... E mail ……………………………………………………….……………………………………………. |
| Period of Supervision |  |
| *I, hereby, accept to supervise and verify the self-assessment of experience by Mr./ Ms. ……………………………………………… ……………………………………………………………………**Signature ……………………………………….. ………………………………………………**Date ………………………………………. Professional Seal* |
| *Note**IQSSL will consider the current IQSSL Corporate Members of Good Standing or any other voting members of overseas QS professional institutes approved by the IQSSL Governing Council as the Candidate's supervisor.* |