

PT-C

## APPLICATION REQUESTING FOR PRACTICAL TRAINING COUNSELLING

### A. INTRODUCTION TO THE SRI LANKA INSTITUTE OF ARCHITECTS (SLIA)

Sri Lanka Institute of Architects (SLIA), from its inception, play a key role in providing opportunities for architectural education in Sri Lanka. The SLIA has instrumentally guided the development of this education, thus keeping with the objectives of the Institute as provided for in the Sri Lanka Institute of Architects' Law No. 1 of 1976, and the Sri Lanka Institute of Architects Law No. 14 of 1996.

Some of the key objectives provided for in these acts in related to education are;

- to promote and advance the study, practice and application of, and research on architecture and its kindred subjects and the arts and sciences connected therewith:
- to organize, supervise and control the admission, professional education and training of persons desiring to qualify as Architects, to prescribe or approve courses of study for qualifying for the membership of the Institute, and to conduct or provide for the conduct of such courses and examinations:

### B. ARCHITECTURAL EDUCATION IN SRI LANKA

The SLIA has guided the early development of the current Architecture program at University of Moratuwa from a vocational programme at the institute of Practical Technology at Katubedde to a fully-pledged Degree Program. The institutes, Sri Lanka Institute of Architects, Royal Institute of British Architects (RIBA) and the Commonwealth Association of Architects (CAA) concurrently have recognized and accredited the courses of Architecture offered by the Department since 1985.

As a continuance of the accepted policy and further enhancing of opportunities for architectural education in the country the SLIA, from 1986 has organized courses leading to the SLIA Parts I & II Examinations which later (1999) has evolved in to the current City school of Architecture (CSA).

SLIA conduct the SLIA Part III Examination and organizes Lecture Programme for the same. The lecture course is conducted directly by the **Board of Architectural Education (BAE)** of the SLIA. The part-time modular based lecture course, attended by the eligible candidates is further strengthened by a series of seminar workshops.

Membership of the SLIA is recognized by the Government of Sri Lanka as a professional qualification for professional appointments in the Public Sector.

The SLIA, through the BAE has commenced its own accreditation system starting from 2012.

**C. PRACTICAL TRAINING COUNSELLING**

**TABLE 1:** Training requirements for obtaining memberships and sitting for the SLIA Professional Practice Examination are as listed;

Purpose	Pre-Qualifications Required	Minimum Experience Required
<b>For Memberships</b>		
1. Student Member	Any student registered at a recognized Architectural School	None
2. Graduate Member	a. Passed or Exempted from SLIA Part I and, b. SLIA Student Membership	52 weeks full time or 104 weeks part time work experience after aforesaid pre-qualifications (2a)
3. Associate Member (Corporate Member)	a. Passed SLIA Part III b. SLIA Graduate Membership	Covered under aforesaid pre-qualification (3a)
<b>For Exemption from</b>		
4. SLIA Professional Practice Examination Part I	Successful completion of a course of study recognized for aforesaid purpose by the SLIA	None
5. SLIA Professional Practice Examination Part II	Successful completion of a course of study recognized for aforesaid purpose by the SLIA	None
<b>To Sit</b>		
6. SLIA Professional Practice Examination, Part III	a. Passed or exempted from SLIA Part II b. Graduate Membership	104 weeks full time work experience after obtaining SLIA Part I of which 52 must be gained after obtaining SLIA Part II.  104 weeks of part-time work experience is deemed equivalent to the first 52 weeks of full time work experience after obtaining SLIA Part I

Applicant shall obtain the Student membership or Graduate Membership of SLIA as the case may be on application. After the acceptance of the application from an eligible applicant requesting for Practical Training Counselling, BAE will assign a Practical Training Counsellor for the applicant. The Applicant can then obtain the Training Experience Record Book (TERB) from the BAE.

**END OF INTRODUCTION SHEET**

**1.0 HOW TO FILL THE APPLICATION FORM:**

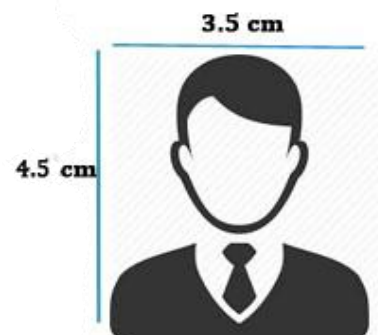
Read the instructions carefully before filling this application.

**Write only one letter in each box and skip a box for a blank space**

- 1.1 All photocopies of the certificate/documents produced for verification should be clear & legible. Photocopies not accompanied by the originals will be rejected. The applicants should ensure that the rubber stamp & the signature of a Justice of Peace are placed on each and every copy of the certificate produced certifying their authenticity.
- 1.2 Applicants should pay the Membership fee, the application processing fee and relevant due payments to the Finance Section of the SLIA Secretariat.
- 1.3 The duly perfected application (hard copy) and the duplicate of the Receipt of Payment/s should be **personally handed over to the Manager – BAE of SLIA.**
- 1.4 The Secretary, Board of Architectural Education should be contacted for any relevant information regarding the application.
- 1.5 Incomplete applications **WILL NOT** be accepted for processing and will be returned to the applicant.

**2.0 ENTRANT PHOTOGRAPH SPECIFICATION:**

- 2.1 Recent photograph conforming to the specifications required for the passport (taken within the last six months shall be pasted)
- 2.2 The applicant would be rejected if the photograph is not a proper and accurate representation of the applicant within the last six months.
- 2.3 Light-coloured Background:  
The subject should be in front of a neutral, light-coloured background.
- 2.4 Focus: The photograph must be in focus.
- 2.5 No Decorative Items: The subject must not wear sunglasses or other items that detract from the face.
- 2.6 No Head Coverings or Hats



**END OF INSTRUCTIONS**



16	Currently Studying for /Successfully Completed (Name of Architecture Course)		
17	Name of Academic Institute of above item 16		
18	a. Above (17) Course duration (No. of years)		b. Full time or Part time
19	Date of completion of the SLIA professional practice exam Part I / Part II or their equivalents or exemptions (If applicable) <i>(Attach copies of documentary evidence for successful completion of above examinations.)</i>		
20	Academic Qualifications: <i>(Attach copies of certificates)</i>		
a.	GCE (AL) or equivalent: (Subjects passed, Grade and Year)		
	Subject	Grade	Year
b.	Degree Course/Other (Architecture)Subject	University/Institution	Years (Duration)
21	a) Do you have a SLIA Membership		Membership Category
	b) Have you applied for a Membership recently?		Membership Category applied for
22	Membership of other professional Institutions/Organisations/Societies: <i>(Attach copies of certificates)</i>		
	i		
	ii		
	iii		

Proposed by the Academic Institute (which you have given in above item 17)

23 I, the undersigned, *(name of the Training Advisor)*..... from my personal knowledge of the Candidate, recommend him/her to undergo Practical Training Counselling at the Sri Lanka Institute of Architects.

Signature	ARB Seal for current year of practice	Date
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24 Recommended by the Trainer Practice

I, the undersigned, *(name of the Mentor/ Supervising Architect)*..... from my personal knowledge of the Candidate, recommend him/her undergo Practical Training Counselling at the Sri Lanka Institute of Architects.

Signature	ARB Seal for current year of practice	Date
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25 I have attached; *(attach following documents in given order)*

YES NO

	YES	NO
a. Certified true copy of my Birth Certificate		
b. Certified true copy of my National Identity Card		
c. Copy of letter confirming successful completion SLIA professional practice exam Part I / Part II (or equivalent or exemptions)		
d. Certified true copies of certificates of all Academic Qualifications as indicated in 19& 20		
e. Copies of certificates of Membership of other professional Institutions as indicated in 22		
f. Payment receipts for Fees		

Additional Comments / clarifications if you have answered 'NO' to any of the above statements

26 Declaration by the applicant

*I, (applicant's name) .....hereby declare that the foregoing information is true and correct. I understand that declaration of false, insufficient or incorrect information will result in the rejection of the application or revocation of membership if already given.*

*I also understand that BAE, SLIA retain the right to request for further information with regard to the processing of this application.*

*I agree to pay the annual counseling fee within the relevant deadline stipulated by the SLIA.*

*I (as a Member of SLA) also pledge that, I shall abide by the SLIA Code of Professional Conduct and other provisions in the Sri Lanka Institute of Architects Law No.1 of 1976, and its subsequent amendments, all SLIA Regulations, Standing Orders, Council Decisions and Rules and By-laws, as and when applicable to me. I also understand and agree that any breach of the above will result in Investigative and Disciplinary Procedures and that if found guilty, my membership, the right to sit any examinations and acceptance to the membership of the Institute may be suspended/cancelled and rendered null and void as relevant.*

*I have read and understood the above and append my signature below.*

Signature of Applicant	Date
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27 I,(name of Corporate Member) .....

Corporate Member of the SLIA hereby certify that the signature appended above is that of Dr./Mr./Mrs./Ms. ....with National Identity Card Number .....

Signature of SLIA Corporate Member	ARB Seal for current year of practice
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**END OF APPLICATION**

**CHECK-LIST TO BE FILLED BY SLIA BAE OFFICE**

	<b>NAME OF THE APPLICANT (with initials, as given in the application)</b>		
		Yes ✓	No ✓
1	APPLICATION RECEIVED BY THE BAE FROM: ..... ON .....		
2	ALL RELEVANT COPIES OF CERTIFICATES AND DOCUMENTS HAVE BEEN ATTESTED FOR THEIR AUTHENTICITY (25. a, b, c, d, e. and f.)		
3	<b><u>DATE AND TIME</u></b> OF THE SUBMISSION OF THE PERFECTED APPLICATION MARKED		
4	<b><u>NAME OF THE APPLICANT</u></b> IS AS PER THE BIRTH CERTIFICATE/OTHER VALID DOCUMENT?		
5	<b><u>DATE OF BIRTH</u></b> IN THE NIC. IS AS PER THE BIRTH CERTIFICATE		
6	<b><u>NIC NUMBER</u></b> IS AS PER THE NATIONAL IDENTITY CARD		
7	<b><u>POSTAL ADDRESS, EMAIL ADDRESS AND TELEPHONE NUMBER</u></b> HAVE BEEN STATED		
8	<b><u>PHOTOGRAPH IS IN PASSPORT SIZE</u></b> & TO THE REQUIRED SPECIFICATIONS		
9	ARE <b><u>COPIES OF CERTIFICATES</u></b> OF RELEVANT EXAMINATION PARTICULARS/ QUALIFICATIONS ATTACHED?		
10	<b><u>SIGNATURE AND RUBBER STAMP OF THE JP PLACED</u></b> ON EACH AND EVERY COPY OF CERTIFICATE PRODUCED CERTIFYING THEIR AUTHENTICITY		
11	<b><u>DECLARATION BY THE APPLICANT</u></b> COMPLETED		
12	<b>APPLICANT'S HAS BEEN RECOMMENDED BY THE ACADEMIC INSTITUTE AND ALSO APPLICANT HAS BEEN RECOMMENDED BY THE TRAINER PRACTICE</b>		
13	<b><u>DUPLICATE (PINK COPY)</u></b> OF APPLICATION PROCESSING PAYMENT INVOICE (FOR FULL PAYMENT) ATTACHED		
14	<b><u>CHECKLIST IN THE APPLICATION</u></b> COMPLETED BY THE APPLICANT		
15	<b>APPLICANT HAS SIGNED BEFORE HIS/HER NAME</b> IN THE REGISTER ON COMPLETION OF SUBMISSION OF THE APPLICANT TO SLIA - BAE		
	<b>Checked by: MANAGER- BAE</b>  <b>Signature &amp; Date Stamp:</b>		

**END OF APPLICATION CHECK-LIST**



<b><u>FOR OFFICE USE ONLY</u></b>	
1	<p>The Application conforms to all the requirements in the check list.</p> <p>Signature: Manager, BAE</p> <p>Date (Place date stamp)</p>
2	<p>Application is forwarded to the Examination Committee (EC) by the Secretary, BAE</p> <p>Signature: Secretary, BAE</p> <p>Date</p>
3	<p>Recommendation to provide Practical Training Counselling and Issue the TERB.</p> <p>Recommended <input type="checkbox"/> Not-Recommended <input type="checkbox"/></p> <p>Counsellor Assigned: Archt.....</p> <p>Remarks or Instructions if any:</p> <p>Signature: Chairman, EC</p> <p>Date</p>
4	<p>Approved by the Board of Architectural Education at the Meeting held on: .....</p> <p>Signature: Chairman, BAE</p> <p>Date</p>
5	<p>Ratified by the Council of the SLIA at the Council Meeting held on: .....</p> <p>Signature: President, SLIA</p> <p>Date:</p>