



**THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR
ARCHITECTS, ENGINEERS AND QUANTITY SURVEYORS
REGISTRATION BOARD**



ERB/SP/003

**THE STRUCTURED APPRENTICESHIP PROGRAMME FOR
ARCHITECTS, ENGINEERS AND QUANTITY SURVEYORS
(SAPAEQ)**



DECLARATION FORM FOR ACCEPTANCE OF CONDITIONS

INSTRUCTIONS:

Read this form carefully and be sure that the contents are clear to you before filling it. Use capital letters. Incomplete forms shall not be accepted.

PART I:

TRAINEE PARTICULARS

SURNAME:.....OTHER NAMES:.....

MARITAL STATUS:..... SEX:.....

DATE OF BIRTH:..... NATIONALITY:.....

CURRENT REG. CATEGORY..... REG. NO..... YEAR OF REG.....

PRESENT ADDRESS:

P.O. Box:..... TEL. NO:..... E- MAIL.....

STREET:..... TOWN:.....

VILLAGE:..... WARD:.....

DISTRICT:..... REGION:.....

PERMANENT HOME ADDRESS:

P.O. Box:..... TEL. NO:.....

STREET:..... TOWN:.....

VILLAGE:..... WARD:.....

DISTRICT:..... REGION:.....

PART II:

BOARD AND APPRENTICESHIP PROVIDER REGULATIONS AND BY-LAWS

As a Trainee you will be required to adhere to the Regulations and By-laws listed hereunder: -

- a) *All Board's stipulations (including SAPAEQ regulations).*
- b) *Apprenticeship Provider's Regulations*

The Board and Apprenticeship Provider reserve the right for the interpretation of their rules and regulations and the right to change them, as they may deem necessary.

NB: *The details of the above-mentioned regulations shall be given to the Trainee.*

PART III:

TRAINEE’S ACCEPTANCE

SECTION A (TRAINEE):

I..... (Name of Trainee) of.....
.....(Postal Address)

DO HEREBY accept and promise to adhere to the Board’s Regulations and By-laws of and Apprenticeship Provider’s Regulations as stipulated in this declaration form. Also I understand that any breaching of the Regulations and By-laws stated therein will result in termination of the training and reimbursement, of all training allowance paid to me.

SIGNED AND DELIVERED this.....day of.....(Month)
..... (Year) at (Place)

TRAINEE’S SIGNATURE.....

SECTION B: (GUARANTOR):

I, (Name)..... Guarantor
of(Name of Trainee)

DO HEREBY confirms the acceptance of the above-mentioned trainee to follow and adhere to the Board’s Regulations and By-laws and Apprenticeship Provider’s Regulations as stipulated in **Part II** of this Declaration form. Also I understand that any breaching of any of the Regulations and By-laws stated therein will result into termination of the training and reimbursement, to AEQSRB, all training allowance paid to the trainee.

SIGNED AND DELIVERED thisday of (Month)
..... (Year) at (Place)

(Signature of Guarantor).....

Post Address:..... Tel No:.....

Fax No:.....E- mail address:.....

Physical address:.....

