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**GUIDELINES FOR REGISTRATION WITH THE SURVEYORS REGISTRATION BOARD (SRB) AS PROVIDED BY THE SURVEYORS REGISTRATION ACT, CAP 275**

1. Subject to this Act, a person shall be entitled, on making an application to the board in the prescribed manner and on payment to the board of the prescribed fee, to have his or her name entered in the register if—
2. The applicant must have the following qualifications:
   1. he or she is the holder of a degree, diploma or certificate awarded by a university or school of surveying or photogrammetry recognized for the time being by the board;
   2. 2 years post qualification local experience under a Registered Surveyor in Uganda, should be a Professional Associate of the Institution of Surveyors of Uganda (ISU) and has submitted a Critical Analysis Report;
   3. in the case of land surveyors, he or she has a record of at least 5 Cadastral jobs submitted to the office of Commissioner, Surveys & Mapping;
   4. 2 referees both of whom must be Registered Surveyors of Uganda in the same discipline and having been on the register for at least 2 years. One of the referees must be the applicant’s supervisor.
3. How to apply:

* Obtain and fill in SRB Form 1.
* Attach copies of certified academic documents, copies of professional certificates, signatures and stamps of 2 referees and proof of membership of institutions as required under the relevant sections of the form.
* Pay the prescribed application fee

Return to the Registrar, Surveyors Registration Board. P.O. Box 7595, Kampala.

1. Upon approval of the application, the applicant will be required to appear before the Membership and Registration Committee for an assessment.
2. Once the assessment and application are complete, the applicant is notified accordingly.

***To be submitted in duplicate***

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***Attach Passport Photograph here***

**THE SURVEYORS REGISTRATION ACT (Cap 275) *Section 15***

**APPLICATION FOR REGISTRATION**

To: THE REGISTRAR,

SURVEYORS REGISTRATION BOARD,

P.O BOX 9575,

KAMPALA.

I hereby apply for registration as a Registered Surveyor of Uganda in accordance with the Surveyors Registration Act, and in support of my application I give the following particulars for consideration of the Board and undertake to appear before the Board or its Committee when requested: -

Please use **Bold/Capital** letters in filling this form.

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| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL PARTICULARS** | | | | | | |
| SURNAME: | | | OTHER NAMES: | | | |
| ADDRESS (Box No.): | | | | | | |
| TELEPHONE 1: | | | TELEPHONE 2: | | | |
| EMAIL ADDRESS: | | | | | | |
| DATE OF BIRTH: | | | NATIONALITY: | | | |
| DISCIPLINE OF SURVEYING: | | | FIELD OF SPECIALIZAION (if any): | | | |
| SIGNATURE OF APPLICANT: | | | DATE OF APPLICATION: | | | |
| **Details of Professional Training** (include time at Colleges, etc. providing specific professional education). Enclose certified copies of certificates and/or Diplomas in your possession. | | | | | | |
| **Name of Institution** | **Period** | | | | **Diploma/Certificate attained** | |
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| **Particulars of Practical Professional Experience** | | | **Fill in details in SRB Form 1 appendix for your chapter** | | | |
| **Job/Designation** | **Organization** | | | | **Period** | |
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| **Membership to any Professional Institutions or Societies. Attach copies of Certificates, if any.** | | | | | | |
| **Membership** | **Date of election** | | | | **Membership/Certificate No.** | |
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| **REFERENCES**  Give names and addresses of two referees. Both of them must be currently Practicing Registered Surveyors of Uganda with Valid Practicing Certificate. At least one of them must be/have been your supervisor. | | | | | | |
| I confirm that in my opinion Mr/Mrs/Ms/Dr.................................................................................................is a person qualified for registration under the Surveyors Registration Act. | | | | | | |
| Name & Address | | Reg.No | | Discipline | | Signature & stamp |
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**FOR OFFICIAL USE**

**INSTITUTION OF SURVEYORS OF UGANDA**

|  |  |  |
| --- | --- | --- |
| Name of Applicant: | ………………………………………………………………………………………… | |
| Category of Membership: | ………………………………………………………………………………………… | |
| Date of election: | ………………………………………………………………………………………… | |
| General Remarks: ……………………………………………………………………………………………………. | | |
| ………………………………………………………………………………………………………………………….. | | |
| ………………………………………………………………………………………………………………………….. | | |
| Approved/Disapproved/Differed: ………………………………………. | | Date: ………………………………. |
| Council Resolution: ……………………………………………………... | | Date: ………………………………. |
| President: ………………………………………………………………… | | Date: ………………………………. |
| Hon. Secretary: ……………………………………………………......... | | Date: ………………………………. |

**SURVEYORS REGISTRATION BOARD**

|  |  |
| --- | --- |
| Approved/Disapproved/Differed by the Board: ………………………………………………………………… | |
| Reg. Cert No. issued: …………………………………………………... | Date: ………………………………. |
| Comments on decision: ……………………………………………………………………………………………. | |
| ………………………………………………………………………………………………………………………….. | |
| ………………………………………………………………………………………………………………………….. | |
| Signed for & on behalf of the SURVEYORS REGISTRATION BOARD: | **…………………………………….**  **REGISTRAR** |