INTERN IDENTIFICATION

Surname	Firs	st Name		Middle Name(s)
Address:		Suite N	No City	/:
Province/State/Territory		_ Country:	Posta	l/Zip Code:
Phone Number:		_		
EMPLOYER IDENTIFICATION				
Practice Name:				
Address:	Suite	No	_ City:	·
Country:	Province/State	/Territory	Postal/Zi	o Code:
Phone Number:	Err	nail:		Steps to follow:
Nature of Employer's Activ	ities:			to 1000 hours of work
Experience Supervisor:		Position:		experience or for each change of employment. Complete this form either by printing neatly i
MENTOR IDENTIFICATION				ink or electronically.
				Ensure that all pages of the form are initialled by your
Surname	First Name		Res. Telephone	Supervising Architect. Ensure all changes or
Name of Practice			Bus. Telephone	whiteouts are initialled by you Supervising Architect.
EXPERIENCE PERIOD:				Ensure that all additional page annexed to this form are also signed by your Supervising
From To Day Mont		e Experience 🗆	Part-time Experience	Architect. Ensure that all Declarations are signed and dated.
Provincial/Territorial Association Us	e only:			Submit a hard copy of the form bearing original signatures to your ROAC jurisdiction for
Received by:				review
Reviewed by:				Retain a copy of this form for your records.

Role of Intern: The Intern must identify their specific activities for each project identified on page 4 Summary of Project(s). (Submit additional pages, if required)
Project(s):

Summary of Projects (Add additional sheets if more than 10 projects in this period)

Project Type: New Construction, Additions, Renovations, etc. Occupancy: Assembly, Institutional, Industrial, Residential, Commercial.

1. Project Name		Location: _		
Project Type:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
2. Project Name		Location: _		
		Gross Floor Area:	-	,
		Location: _		
		Gross Floor Area:	_	
		Location: _		
		Gross Floor Area:	_	
		Location: _		
		Gross Floor Area:	_	
		Location: _		
		Gross Floor Area:	_	
		Location: _		
Project Type:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
		Location: _		
Project Type:	Occupancy:	Gross Floor Area:	Budget:	No. of Storeys:
		Location: _		
Due in at Tour	_		Decident	N. 66.
——————————————————————————————————————	Occupancy:	Gross Floor Area:	Buaget:	No. of Storeys:
		Gross Floor Area: Location:		·

A Design and Construction Documents 1 1. Programming 2. Site and Environmental Analysis 3. Schematic Design 4. Engineering Systems Integration 5. Building Cost Analysis* 6. Code Research* 7. Envelope Detailing 8. Design Development 9. Construction Documents 10. Specifications and Material Research * 11. Document Checking and Coordination * 12. Energy Literacy/Sustainability Subtotal	2	3	4	5	6	7	8	9	10	TOTALS
1. Programming 2. Site and Environmental Analysis 3. Schematic Design 4. Engineering Systems Integration 5. Building Cost Analysis* 6. Code Research* 7. Envelope Detailing 8. Design Development 9. Construction Documents 10. Specifications and Material Research * 11. Document Checking and Coordination * 12. Energy Literacy/Sustainability		3	4	5	6	7	8	9	10	TOTALS
2. Site and Environmental Analysis 3. Schematic Design 4. Engineering Systems Integration 5. Building Cost Analysis* 6. Code Research* 7. Envelope Detailing 8. Design Development 9. Construction Documents 10. Specifications and Material Research * 11. Document Checking and Coordination * 12. Energy Literacy/Sustainability										
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11. Document Checking and Coordination * 12. Energy Literacy/Sustainability										
12. Energy Literacy/Sustainability										
Subtotal										
Subtotal										
* may occur in multiple phases of a project										
B Construction Administration									·	_
1	2	3	4	5	6	7	8	9	10	TOTALS
13. Procurement and Contract Award										
14. Construction Phase – Office										
15. Construction Phase - Site										
Subtotal										
	l		ı	I			ı	ı		
<u>C Management</u>										
1	2	3	4	5	6	7	8	9	10	TOTALS
16. Management of the Project										
<u> </u>										
17. Business/Practice Management										
Subtotal										
Total Hours of Each Project										
Total Hours of Each Froject										
Intern Declaration I declare that the	enclosed i	informa	tion is ar	accurat	e record	l of my a	rchitecti	ıral expe	erience.	
Name (please print)			Signatu	re				D	ate	

Comments and Declarations

Comments by Employer

1	L. Comment on the level of responsibility and involvement requested of the Intern and relative level	taken and
p	performed by the Intern.	

2. Comment on the overall attitude/philosophy/professional goals of the Intern as you perceive them.

3. Your recommendations for the next (6) months experience.

4. Comment on the extent to which the Intern has been exposed to the activities as outlined for each of the categories in which experience has been obtained.

Supervising Architect Declaration	I declare that the preceding inj Intern's architectural experien	formation is an accurate summary of the ce.
Name (please print)	Signature	Date
Mentor Declaration	I declare that I have met with th	e Intern in accordance with IAP.
Name (please print)	Signature	Date