

EXAMPLE

WEEK NO. : 10 (DATE : 21/11/2016 to 26/11/2016)

Date	Nature of professional work carried out	Day or Part of	Code of training area
21.11.16	Advice on drafting termination letter. Preparing report of infrastructure; projects shortfall. Drafting letter of instruction to contractor to commence work immediately.		E A A
22.11.16	Preparation of tender documents. Site visit to Bandar Puteh.		A E
23.11.16	Meeting with Pengurus Teknik. Drafting advice to Company Secretary to seize Banker's guarantee. Drafting letter to Architect to commence swimming pool railing installation. Drafting letter confirming Pengurus Teknik's instructions to Main Contractor regarding laying of tiles.		E E E E
24.11.16	Preparation of tender evaluation of projects report. Checking rates for repair of bull-dozer.		A E
25.11.16	Preparation of bills of quantities report & allocation of funds for remainder of UP projects. Assessing additional works for projects. Evaluating Contractor's claim for fluctuations.		E E E
26.11.16	Leave for KL for meeting with Treasury. (NB : Please provide a schedule of the projects where experience are acquired. Your area of experience shall have reference No. to the schedule of the projects given in column 1 stated)		E

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CANDIDATE'S SIGNATURE
NAME IN BLOCK LETTERS:
BQSM Reg. No. :

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SUPERVISOR'S SIGNATURE
NAME IN BLOCK LETTERS:
BQSM Reg. No. :

NOTIFICATION OF CHANGE OF EMPLOYMENT/ SUPERVISION

1) DETAILS OF NEW EMPLOYMENT/ SUPERVISOR

- (a) Name and Address of Employer :
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- (b) Designation :
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- (c) Date of Appointment :
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- (d) Name of Supervisor : BQSM Reg. No. :
RISM Reg. No. :
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2) DETAILS OF NEW EMPLOYMENT/ SUPERVISOR

- (a) Name and Address of Employer :
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- (b) Designation :
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- (c) Date of Appointment :
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- (d) Name of Supervisor : BQSM Reg. No. :
RISM Reg. No. :
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3) DETAILS OF NEW EMPLOYMENT/ SUPERVISOR

- (a) Name and Address of Employer :
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- (b) Designation :
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- (c) Date of Appointment :
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- (d) Name of Supervisor : BQSM Reg. No. :
RISM Reg. No. :
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***Note : a minimum of 6 months employment with an employer is necessary to be considered for period of work experience**

WEEK NO. : _____ (DATE : ___/___/_____ to ___/___/_____)

Date	Nature of professional work carried out	Day or Part of	Code of training area

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NAME IN BLOCK LETTERS:
BQSM Reg. No. :

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SUPERVISOR'S SIGNATURE
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