

# THE NIGERIAN INSTITUTE OF ARCHITECTS

Plot 215, Muazu Magaji, Off Patrick Yakowa/Aminu Sale Crescent, Katampe B19, Off Kubwa Expressway, P.O. Box 10015

www.niarchitects.org/cpd

## CPD-P APPLICATION FORM

**NIA-CPDP  
SYSTEM**

NIA/CPDP/001

DATE: \_\_\_\_\_

### ARCHITECTS IDENTIFICATION

PERIOD OF RECORDING: \_\_\_\_\_ TO \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NIA NO: \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_ ARCON NO \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

FINANCIAL STATUS: \_\_\_\_\_ NIA \_\_\_\_\_ CURRENT  NOT CURRENT   
 ARCON \_\_\_\_\_ CURRENT  NOT CURRENT

### Category A

### NIA / ARCON QUARTERLY PROGRAMME RECORD SHEET OF CPD-P EVENTS ATTENDED

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
<b>Programme Details</b>	S/N	Ref. No.	Description					Organised by		Role Played		
	1											
	2											
	3											
	4											
	5											
	6											
<b>Remarks</b>												

### Category B

#### Special Programme & Role

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
<b>Programme Details</b>	S/N	Ref. No.	Description					Organised by		Role Played		
	1											
	2											
	3											
	4											
	5											
	6											
<b>Remarks</b>												

**Category C**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
<b>Programme Details</b>	S/N	Ref. No.	Description					Organised by		Role Played		
	1											
	2											
	3											
	4											
	5											
	6											
<b>Remarks</b>												

**Category D**

**Approved Community Development Programme**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
<b>Programme Details</b>	S/N	Ref. No.	Description					Organised by		Role Played		
	1											
	2											
	3											
	4											
	5											
	6											
<b>Remarks</b>												

\_\_\_\_\_  
Applicant Signature

**For Official Use:-**

**CPD - P Attained Points**

Ref Category	Program Ref. No.	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Sum	Remarks
A							
B							
C							
D							
<b>Total</b>							

**Remarks**

\_\_\_\_\_

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## CPD-P PROGRAMME MANAGER FORM



NIA/CPD-P/002

DATE: \_\_\_\_\_

PERIOD OF RECORDING: \_\_\_\_\_ TO \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NIA NO: \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_ ARCON NO \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

FINANCIAL STATUS: \_\_\_\_\_ NIA \_\_\_\_\_ CURRENT  NOT CURRENT   
 ARCON \_\_\_\_\_ CURRENT  NOT CURRENT

### Area of Interest - Please Tick Below

TYPE - A Capacity Building and Self Development	TYPE - B Service to the Institute	TYPE - C Service to the Community
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Programme Theme:

**Details of Proposal**

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### Method of Implementation

IMPLEMENTATION TEAM	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

### Benefit of Programme

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### Official Review / Programme Approval

	Applicant Signature _____
	Registered / Approved No.
	NIA/CPDP/.....



Wwww.niarchitects.org/cpd  
**NIA COMMITTEE FORMS**

All Committees to complete Programme Managers Form

S/N	Names of Members	Full Participation	Attendance	Remarks
		Participation		
		No. Participation		

\_\_\_\_\_  
Committee Secretary

\_\_\_\_\_  
Committee Chairman

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www.niarchitects.org/cpd

## CPD-P POINTS UPDATE FORM



NIA/CPD-P/005

DATE: \_\_\_\_\_

### ARCHITECTS IDENTIFICATION

PERIOD OF RECORDING: \_\_\_\_\_ TO \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NIA NO: \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_ ARCON NO \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

FINANCIAL STATUS: \_\_\_\_\_ NIA \_\_\_\_\_ CURRENT  NOT CURRENT

ARCON \_\_\_\_\_ CURRENT  NOT CURRENT

\_\_\_\_\_  
Applicant Signature

## CPD - P Attained Points

**For Official Use:-**

**Period of evaluation Year.....**

**Current CPDP - Attained Points**

**Date of last review**  **Month / Year**

Ref Category	Program Ref. No.	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Sum	Remarks
A							
B							
C							
D							
<b>Total</b>							

**Remarks**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reviewer Name / Sign

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**NIA-CPDP  
SYSTEM**

**NIA/CPD-P/006**

## COMMITTEE APPLICATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ E-mail: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

NIA NO: \_\_\_\_\_ DATE OF REGISTRATION \_\_\_\_\_ ARCON NO \_\_\_\_\_ DATE OF REGISTRATION: \_\_\_\_\_

FINANCIAL STATUS: \_\_\_\_\_ NIA \_\_\_\_\_ CURRENT  NOT CURRENT   
ARCON \_\_\_\_\_ CURRENT  NOT CURRENT

### Sub-Committee of Interest - Please Tick Below

Sub-Committee of Interest - Please Tick Below					

### Benefit of Programme

\_\_\_\_\_  
Applicant Signature

### Official Review / Programme Approval

\_\_\_\_\_  
Co-ordinator of Programme

\_\_\_\_\_  
Chairman BRS Committee

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NIA/CPDP/007

## TARGET/ PROJECT FINANCE/ BUDGET FORM

DATE: \_\_\_\_\_

SUBJECT \_\_\_\_\_

PREAMBLE \_\_\_\_\_

PROJECT COST: \_\_\_\_\_

### REQUEST FOR PARTICIPATION

S/NO.	NAME OF INDIVIDUAL OR FIRM	AMOUNT CONTRIBUTED	PAYMENT METHOD		SIGNATURE	REMARK
			CASH	CHEQUE		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED BY \_\_\_\_\_

CONFIRMED BY \_\_\_\_\_



