

**Notification of the start of practical work under supervision  
(Application for approval of supervision abroad included)**

I hereby notify you of the beginning of my practical work under supervision according to Hamburgisches Architektengesetz (HmbArchTG).

**1. Personal details of the notifying person (*mandatory information*)**

\_\_\_\_\_  
First name, surname

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Street address (residence)

\_\_\_\_\_  
Postcode, city (residence)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile telephone

\_\_\_\_\_  
Email

**2. Supervising person or body (*alternatively fill in a), b) or c)***

a)  Supervising person in Germany

\_\_\_\_\_  
First name, surname

\_\_\_\_\_  
Appropriate chamber and membership number

\_\_\_\_\_  
Office/Company name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
and as appropriate mobile telephone

\_\_\_\_\_  
Email

b)  Supervising body in Germany: Hamburg Chamber of Architects

How is the practical activity carried out?

self-employed (freelance work included)

Information on your own office location (if not identical to your place of residence, see no. 1 above)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile telephone

\_\_\_\_\_  
Email

employed at

\_\_\_\_\_  
First name, surname (person of contact)

\_\_\_\_\_  
Office/company name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
and as appropriate mobile telephone

\_\_\_\_\_  
Email

c)  Supervising person or body abroad

(If the practical activity is to be completed under supervision abroad, the approval of the supervisory person or body concerned by the Hamburgische Architektenkammer or another German chamber of architects is required before starting the activity)

I hereby apply for approval of a supervisory person or body abroad.

\_\_\_\_\_  
Name/office/company name

\_\_\_\_\_  
Address abroad

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mobile telephone

\_\_\_\_\_  
Email

**3. Completion of higher education in the field of architecture pursuant to § 4 para. 1 Hamburg Architects Act (HmbArchG) (mandatory)**

\_\_\_\_\_  
Degrees

Please enclose copies of the relevant certificates (e.g. diploma or Bachelor's and Master's certificates).

**I hereby confirm that the above information is correct and complete. I have received and took note of the attached data protection information.**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Name of the notifying person

## Notification of significant changes in the performance of the practical activity under supervision

### 1. Personal details of the person notifying

_____		_____
First name, surname		Date of birth
_____		_____
Street address	Postcode, city	
_____	_____	_____
Telephone	Mobile telephone	Email

### 2. I notify the following change

a)  Change of supervising person or body

aa) Previous supervisory person or body

_____	_____
Name of the previous supervisory person or body	Appropriate chamber and membership number
_____	_____
Street address	Postcode, city
_____	_____
Telephone	Email
_____	
Start and end date of supervision	

bb) New supervising person or body

_____	_____
First name and surname of the supervising person	Appropriate chamber and membership number
_____	
Office / company name or, chamber of architects (appropriate supervisory body)	
_____	_____
Street address	Postcode, city
_____	_____
Telephone	Email
_____	
Start and, where applicable, end date of supervision	

**b)  End of supervision by supervisory persons or bodies**

\_\_\_\_\_  
Name of the supervising person or body

\_\_\_\_\_  
Appropriate chamber and membership number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
End date of the supervision

**c)  Suspension of practical activity**

\_\_\_\_\_  
Name of the supervising person or body

\_\_\_\_\_  
Appropriate chamber and membership number

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Postcode, city

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date (start of suspension and, if applicable, date of expected resumption)

**d)  Other**

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

**I hereby confirm that the above information is correct and complete. I have received and took note of the attached data protection information.**

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Name of the notifying person