

Architectural Practice Board of South Australia

Application for Registration in South Australia as an Architect (Individual)

Form 01

PERSONAL DETAILS

Family Name _____

Given Names _____

Title _____

Date of Birth _____

Gender Female Male

Street Address _____

Postcode _____

Postal Address (if different from above)

Postcode _____

Please nominate your contact address for correspondence and publication in the register

Street Postal

Name of Business or Employer _____

Business Phone _____

Fax _____

Mobile _____

Home Phone _____

Email _____

ACADEMIC ARCHITECTURAL QUALIFICATIONS

Academic Qualification (in full) _____

Institution _____

Date Conferred _____

Date of AACA Review of Academic Equivalence or National Program of Assessment (if applicable) _____

ARCHITECTURAL PRACTICE EXAMINATION

Place of Completion _____

Date of Completion _____

PROFESSIONAL INDEMNITY INSURANCE

Professional indemnity insurance is required for registration, either as an individual or through your employer's policy.

- I have attached a copy of the certificate of currency from my insurer.
- I have attached a letter from my employer naming me as an insured employee and a copy of their certificate of currency.
- My application for an exemption from the requirements for professional indemnity insurance is attached.

FITNESS TO PRACTISE

1. Have you been convicted of an offence in this State or elsewhere?
Yes No
2. Have you previously been registered as an architect?
Yes No

3. If you answered yes to question 2:
- (a) has your registration ever been suspended or cancelled by a registration or professional body?
 Yes No
- (b) have you ever been dealt with for misconduct by a Registration Board or professional body?
 Yes No
4. Has any application by you for registration as an architect been refused by any registration Board or professional body?
 Yes No
5. Do you have any prosecutions or unresolved complaints pending against you?
 Yes No
6. Are there any other matters which may be relevant to your suitability for registration as an architect about which the Board should be informed?
 Yes No

If you have answered 'yes' to any of the above, please submit details in an attachment with this application.

DECLARATION BY APPLICANT

I consent to the Architectural Practice Board of South Australia making enquiries of, and exchanging information with the authorities of any Australian States or Territories, or other countries, regarding my practice as an architect or otherwise regarding matters relevant to this application.

I do solemnly and sincerely declare that the statements made in this application are true and

correct in every particular to the best of my knowledge and belief; that I am the person named in the attached documents and that I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

 Full Name of Applicant

 Signature of Applicant

 Declared at

this _____ day of _____ 20____

 Before me (see below) Signature

 (Print name)

Indicate whichever is applicable

- A Justice of the Peace
- A Notary Public
- A Commissioner for Taking Affidavits
- A Proclaimed Member of the Police Force
(must include name of town or place where situated)

NOTE: All witnesses must provide their registration or identity number and if applicable, their seal or stamp when witnessing the Declaration and any certified accompanying documentation.