



Application for Admission

Architects Accreditation Council of Australia

Architectural Practice Examination Part 3

This information will be kept by your State/Territory Board. AACA Privacy legislation controls use of and access to this information.

Registration Authority: The Architectural Practice Board of South Australia

Level 1, 28 Greenhill Road WAYVILLE SA 5034 P: 08 8373 2766 www.archboardsa.org.au

TAX INVOICE ABN: 20 167 920 248

1 PERSONAL DETAILS

Preferred title: Mr Mrs Miss Ms Other: Surname: Former Name: Given Names: Date of Birth: / /

Please attach passport size photograph

2 CONTACT DETAILS

Full postal address: Telephone Work Mobile: Postcode Email address

3 EDUCATION

Academic Qualifications or Equivalent: Date of advice of Final Results: / / Name of Institution/Body: Country:

4 PRACTICAL EXPERIENCE

Pre Graduate: years and months Post Graduate years and months

5 DECLARATIONS

I hereby make application to take the Architectural Practice Examination Part 3 to be conducted in South Australia in.....(month and year). I previously undertook the Architectural Practice Examination Part 3 in ..... (State/Territory) in.....(month/year). I previously applied for admission to the Architectural Practice Examination Part 3 in ..... (State/Territory) in ..... (month/year). SIGNATURE OF APPLICANT DATE / /

6 DOCUMENTATION TO BE PRESENTED

- Completed form (with photograph) Examination fee

Please submit your application as a pdf through our website; sign in via the Graduates page and upload your application form with payment details (ie via the online payment page, or receipt of EFT transfer). Once submitted please print your tax invoice for tax purposes.

7 OFFICE USE ONLY

Examination Fee \$395 (GST Free) Method of Payment: Cheque EFT Credit Card Status: Accepted Not Accepted Reason