

# FORM 4

## APPLICATION FOR REGISTRATION:

Section 8 *Architects Act 2002*



### Privacy Statement

Your personal information is being collected on this form for the purposes of assisting the Board in determining whether or not a person is fit to practise as an architect, and to maintain the register of architects. This information is required to be collected under s.8(3) & (4) of the *Architects Act 2002*. Your name and contact details collected on this form are required to be made available for inspection by the public at the Board's office or on the Board's website. All other personal information collected on this form will not be disclosed to any other third party without your consent unless authorised or required by law.

### CONTACT DETAILS

<b>Full Name:</b>		<b>Attach a recent passport photo of applicant</b>
<b>Title: Prof/Dr/Mr/Mrs/Ms/Miss</b>		
<b>Business/Employer's Name:</b>		
<b>Business/Employer's Address:</b> <i>(must be a street address – a postal box is not acceptable)</i>		
<b>Business Phone Number:</b>		
<b>Mobile Phone Number:</b>		
<b>Email Address:</b>		
<b>Postal address for correspondence:</b>		
<b>Date of Birth:</b>		
<b>Place of Birth:</b>		

The below questions are optional. This information is being collected for statistical reporting only and will not be visible to the public.

**Are you of Aboriginal or Torres Strait Islander Australian origin? If you are of both Aboriginal and Torres Strait Islander Australian origin, please tick both 'Yes' boxes.**

- |  |  |
|--|--|
| <input type="checkbox"/> No                | <input type="checkbox"/> Yes – Aboriginal Australian             |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Yes – Torres Strait Islander Australian |

### QUALIFICATIONS AND COMPETENCIES

*NOTE: If you are currently registered in another State or Territory of Australia or in New Zealand, please use the **Mutual Recognition** application form.*

Academic Architectural Qualifications			
Degree/Diploma	Institution	State/Country	Date conferred

**Please provide a certified copy of your academic qualifications.**

If your academic qualification is from overseas, please also provide a certified copy of the letter from the Architects Accreditation Council of Australia which authenticates the recognition of the equivalence of your degree.

<b>Architectural Competencies: AACA APE or MRA USA/AUS/NZ or APEC Architect Agreement</b>	
<b>Date Passed:</b>	<b>Name of Body Conducting:</b>
Please also provide evidence of your competencies.	

## FITNESS TO PRACTISE

Answers to the following questions must be provided pursuant to section 11 of the Architects Act 2002. If your answer to any of the following questions is "Yes", **please provide details** on separate but attached page/s. The following information is for the purposes of the Board only.

<p><b>Do you have a conviction, other than a *spent conviction for any of the following:</b></p> <p>(a) an indictable offence; or</p> <p>(b) an offence against the <i>Architects Act 2002</i> or the repealed <i>Architects Act 1985</i>; or</p> <p>(c) any other offence relating to the practice of architecture, against a law applying, or which applied, in Queensland, or the Commonwealth or any other State or Territory of Australia or a foreign country?</p> <p><small>* Spent conviction means a conviction for which the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> has expired and not revived under that Act.</small></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Has your registration to practise</b> as an architect under a law applying or that applied in the Commonwealth, another State or a foreign country been cancelled or suspended by the relevant registration body?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Has any application by you</b> for registration as an architect been refused by any registration board?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Since 1 January 2003:</b></p> <p>(i) have you been made bankrupt;</p> <p>(ii) have you compounded with your creditors; or</p> <p>(iii) have you as a debtor, otherwise taken, or applied to take, advantage of any law about bankruptcy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you been an executive officer of a corporation which, since 1 January 2003:</b></p> <p>(i) has executed a deed of company arrangement under the <i>Corporations Act</i>;</p> <p>(ii) has been the subject of a winding-up, whether voluntarily or under a court order, under the <i>Corporations Act</i>; or</p> <p>(iii) has been the subject of an appointment of an administrator, liquidator, receiver or receiver and manager under the <i>Corporations Act</i>?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Is there any other issue</b> which could affect your ability to competently practise as an architect, including for example, the current state of your mental or physical health?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## Applicant's Declaration:

I, ....., the above applicant for registration with the Board of Architects of Queensland, do hereby make application for registration and by virtue of the particulars contained in this application sincerely declare that the particulars shown in this application, both in this and the preceding pages, and also in any other documents provided with this application are true and correct in every particular.

**Applicant's Signature:** ..... **Date:** .....

