

APPLICATION FOR REGISTRATION PURSUANT TO:

MUTUAL RECOGNITION (QUEENSLAND) ACT 1992

*TRANS-TASMAN MUTUAL RECOGNITION AGREEMENT
(QUEENSLAND) ACT 2003*



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 entitled to be registered as an architect by virtue of current registration in another State or Territory of Australia, or New Zealand. The information is collected under the *Mutual Recognition (Queensland) Act 1992* and the *Trans-Tasman Mutual Recognition Agreement (Queensland) Act 2003* to maintain the register as required by 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

Last Name:	
First names:	
Title: Prof/Dr/Mr/Mrs/Ms/Miss	
Business/Employer's Name:	
Business/Employer's Address: (must be a street address – a postal box is not acceptable)	
Business Phone Number:	
Mobile Phone Number:	
Fax Number:	
Email Address:	

OTHER DETAILS

Postal address for correspondence:		Attach a recent passport photo of applicant
Date of Birth:		
Place of Birth:		

QUALIFICATIONS AND COMPETENCIES

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

Please provide a 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.

Architectural Competencies:	
Architectural Practice Examination	
Date Passed:	Name of Body Conducting:

Notice pursuant to the *Mutual Recognition (Queensland) Act 1992* or the *Trans-Tasman Mutual Recognition Agreement (Queensland) Act 2003*:

I, (insert full name of applicant)

..... whose details appear above provide the following Notice pursuant to the *Mutual Recognition (Queensland) Act 1992* or the *Trans-Tasman Mutual Recognition Agreement (Queensland) Act 2003* state that:

1. I am registered as an architect in (provide name of the State or Territory of Australia or New Zealand upon which you are relying for this application).
2. I wish to be registered as an architect in Queensland in accordance with the mutual recognition principle.
3. I am also registered, or have been registered, as an architect in the following States and/or Territories of Australia or New Zealand:
.....
(Delete if not applicable.)
4. (Strike out whichever of the following is not applicable)
 - (a) I am not the subject of disciplinary proceedings in any State or Territory of Australia or New Zealand (including any preliminary investigations or action that might lead to disciplinary proceedings), in relation to any of the above registrations.
 - (b) I am the subject of disciplinary proceedings in and details of those proceedings are attached.
5. My registration in any of the above-listed States, Territories or New Zealand is not cancelled or currently suspended as a result of disciplinary action in any State or Territory of Australia or New Zealand.
6. (Strike out whichever of the following is not applicable)
 - (a) I am not otherwise personally prohibited from carrying on the occupation of architect in any State or Territory of Australia or New Zealand and I am not subject to any special conditions in carrying out the occupation of architect, as a result of criminal, civil or disciplinary proceedings in any State or Territory of Australia or New Zealand; and
 - (b) I am personally prohibited from carrying on the occupation of architect inand details of that prohibition are attached.
 - (c) I am subject to special conditions in carrying out the occupation of architect.

Specify place or places and special conditions (attach extra signed page, if necessary).

7. I give my consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory of Australia or New Zealand regarding my activities as an architect or otherwise regarding matters relevant to this notice.
8. I attach
(specify nature of document*) **which is an instrument evidencing my current registration in and I certify that this is the original/ a complete and accurate copy of that evidence** (delete whichever does not apply).

*Required evidence is a letter from the relevant Board referred to in Item 1 of this Notice. The letter must not be more than one month old on the date of application.

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, are true and correct in every particular. I certify that the copies of any documents provided in support of this application are true and correct copies of those documents.

Applicant's Signature: **Date:**

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.

- ☐ No
- ☐ Yes – Aboriginal Australian
- ☐ Yes – Torres Strait Islander Australian
- ☐ Prefer not to say

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Please print to ensure separation of payment details for
security

