



**BOARD OF ARCHITECTS
OF QUEENSLAND**

Experienced Practitioner Assessment Local Practitioners

Application Form

Please read the [Experienced Practitioners Assessment - Local Practitioners Guide](#) carefully before completing this form.

Section 01

Personal Details

1. Title Dr Mr Mrs Miss Ms Other
2. Family name
3. Given name/s
4. Previous name/s
5. Gender Male Female
6. Date of birth (DD/MM/YYYY)
7. Country of birth
8. Residency status Citizen Permanent resident Temporary resident
9. Mailing address
-
10. Telephone number/s
11. Email for all program communication

Section 02

Accredited Australian Architecture Qualification

12. Name of your accredited Australian architecture qualification
13. Name of institution
14. Year awarded

Note: Your qualification must be on the list of [Australian accredited architectural qualifications](#).

Oaths Act 1867

Statutory Declaration

QUEENSLAND
TO WIT

I,

of

in the State of Queensland

do solemnly and sincerely declare that

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867.

Signature of declarant/deponent

Taken and declared before me at

this day of

A Justice of the
Peace/Commissioner for
Declarations.

Section 04

Submission Checklist

Application Form

Completed **Application Form** (Sections 1 to 4)
Saved as .pdf

Ensure that the **Statutory Declaration** is signed by applicant and by an authorised witness. Please Note: Statutory Declaration can be submitted as separate .pdf document to the Application Form

Supporting Items

Saved as **individual** .pdf documents

Certified copy of your **academic transcript** for the qualification specified at Section 2.

Proof of **Residency Status** either:

- i. Proof of residency as issued by the Department of Immigration and Border Protection; or
- ii. High quality scan of Australian Passport at photo identification page
- iii. High quality scan of Australian Birth Certificate

Certified copy of evidence of **Name Change** (if applicable)

Assessable Items

Saved as a **single** .pdf document

CV (maximum 4 pages in total)

2 References (maximum 2 pages each)

Portfolio of 4-6 complex built-work projects (maximum 2 A4 pages per project)

[NSCA Performance Criteria Checklist](#) (1 page template as supplied by AACA)

Proof of Payment

Payment form for BOAQ

Section 05

How to Submit

Applications are submitted electronically directly to **BOAQ** with payment of the required fee.

Applicants may use a file-hosting service (i.e. Dropbox) and supply a link to documents in their submission email.

Applicants must provide all requested information and documents before applications can be considered.

Contacting BOAQ



Board of Architects of Queensland
GPO Box 316
BRISBANE QLD 4001
Australia



+67 3069 2397



mail@boaq.qld.gov.au



www.boaq.qld.gov.au

TAX INVOICE

**Board of Architects of Queensland
ABN 47 081 662 530**

Application Fees for Experienced Practitioner Assessment – Locally Experienced

Fee **\$1100.00**

GST Exempt

Enquiries: (07) 3069 2397

PLEASE RETURN THIS SECTION WITH YOUR PAYMENT AND FORM TO:

The Registrar
Board of Architects of Queensland
GPO Box 316
BRISBANE QLD 4001

By Cheque for **\$1100.00** made out to The **Board of Architects of Queensland**

Or

By Credit Card

Visa Mastercard

Cardholder's Name:

Card No. _ _ _ _ _

Application Fees A\$ Expiry Date: _ / _ _

Signature:

Name:
Address:

Office Use only:
Receipt Number:
.....
Receipt Date:
.....