

## FORM 4.4

# APPLICATION FOR REGISTRATION AS A NON-PRACTISING ARCHITECT PURSUANT TO:

*MUTUAL RECOGNITION (QUEENSLAND) ACT 1992*

*TRANS-TASMAN MUTUAL RECOGNITION*

*AGREEMENT (QUEENSLAND) ACT 2003*



BOARD OF ARCHITECTS  
OF QUEENSLAND

### 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 a non-practising 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 is 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>Last Name:</b>		<b>Attach a recent passport photo of applicant</b>
<b>First Names:</b>		
<b>Title: Prof/Dr/Mr/Mrs/Ms/Miss</b>		
<b>Postal Address for Correspondence:</b>		
<b>Phone Number:</b>		
<b>Mobile Phone Number:</b>		
<b>Fax Number:</b>		
<b>Email Address:</b>		
<b>OTHER DETAILS</b>		
<b>Date of Birth:</b>		
<b>Place of Birth:</b>		

### QUALIFICATIONS AND COMPETENCIES

<b>Academic Architectural Qualifications</b>			
<b>Degree/Diploma</b>	<b>Institution</b>	<b>State/Country</b>	<b>Date conferred</b>

**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.

<b>Architectural Competencies:</b>	
Architectural Practice Examination	
Date Passed:	Name of Body Conducting:

*Please provide evidence of the date and place of successful result.*

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

I, the 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 a **non-practising 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 a non-practising architect in Queensland in accordance with the mutual recognition principle.
  
3. I am **also** registered, or have been registered, as a non-practising 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 in ..... and details of that prohibition are attached.

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 as a non-practising architect in ..... and I certify that this is the original/ a complete and accurate copy of that evidence (delete whichever does not apply).

\*Evidence required 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 as a non-practising architect 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.

**I declare that I will not practise as an architect in Queensland.**

**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

On completion of this application, please forward it together with the documentation required, and your fees to:

**The Registrar**  
**Board of Architects of Qld** Level 3  
**GPO Box 316** 87 Wickham Terrace  
**BRISBANE QLD 4001** SPRING HILL Qld 4000  
**Email:** mail@boaq.qld.gov.au **Phone:** (07) 3069 2397

BOARD OF ARCHITECTS OF QUEENSLAND

ABN 47 081 662 530

**FEES FOR REGISTRATION AS A NON-PRACTISING ARCHITECT**

**REGISTRATION YEAR IS FROM 1 JULY TO 30 JUNE.**

**Application Fee \$267.05 + Non-Practising Registration Fee \$102.80 (GST exempt) = \$369.85**

By **Cheque** for ..... made out to The Board of Architects of Queensland

**Or**

By **Credit Card** Mastercard  Visa

Cardholder's Name: .....

Card No. \_ \_ \_ \_ \_

Payment A\$ ..... Expiry Date: \_ \_ / \_ \_ Signature: .....

\*Fees are subject to change and are valid up to 30 June