

# FORM 6.1

## APPLICATION FOR RESTORATION OF REGISTRATION AS A NON-PRACTISING ARCHITECT:

Section 23 *Architects Act 2002*



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 fit to be registered as a non practising architect, and to maintain the register of architects. This information is required to be collected under s.23(4) & (5) of the *Architects Act 2002*. Your name will 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 third party without your consent unless authorised or required by law.

### CONTACT DETAILS

*Complete the following contact details in the space provided.*

<b>Full name:</b>	<b>Registration No.:</b> (if known)
<b>Postal Address for Correspondence:</b>	
<b>Phone Number:</b>	
<b>Mobile Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	

### 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 a separate but attached page/s. The following information is for the purposes of the Board only.*

<b>Do you have a conviction, other than a *spent conviction for any of the following:</b> (i) an indictable offence; or (ii) an offence against the <i>Architects Act 2002</i> or the repealed <i>Architects Act 1985</i> ; or (iii) 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?  * 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.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has your registration to practise</b> as an architect under a law applying or that applied in the Commonwealth, another State or Territory of Australia or a foreign country been cancelled or suspended by the relevant registration body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has any application by you for registration as an architect been refused by any registration board?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<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>, or</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>

**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:** .....

<p>The below questions are optional. This information is being collected for statistical reporting only and will not be visible to the public.</p> <p><b>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.</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – Aboriginal Australian</p> <p><input type="checkbox"/> Yes – Torres Strait Islander Australian</p> <p><input type="checkbox"/> Prefer not to say</p>
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On completion of this application, please forward it together with the documentation required, and your fees to:

**The Registrar**

**Board of Architects of Qld**  
**GPO Box 316**  
**BRISBANE QLD 4001**

Level 3  
87 Wickham Terrace  
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 RESTORATION OF REGISTRATION AS A NON-PRACTISING ARCHITECT**

**REGISTRATION YEAR 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