

Application for Assessment of Professional Qualifications – Surveyor (ANZSCO 232212)



PERSONAL DETAILS

1. Your full name (as shown in your passport)

Family Name _____

Given Names _____

2. Have you been known by any other names (including name before marriage, aliases)?

No Yes If yes, give details _____

3. Sex Male Female

4. Date of Birth _____

CONTACT DETAILS

5. Address for correspondence

_____ COUNTRY _____

6. Telephone Numbers

Home () _____ Work () _____

7. Email _____

PROFESSIONAL EXPERIENCE

8. Provide a typed summary of your professional experience as a surveyor.

Include the dates of each period of employment, the name of the employer, the location of the employment, your job title, and the nature of your employment including the tasks performed and the projects involved.

CONTRIBUTIONS TO THE PROFESSION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

9. Provide a typed summary of any contributions you have made to the surveying profession and the CPD you have undertaken during the past two years (refer to Annex C for further information).

Include documentary evidence of attendance at each CPD activity, the date of each activity, the name of the provider, the location and a description of the activity.

EDUCATIONAL QUALIFICATIONS

10. Give details of all tertiary level courses you have completed

Include documentary evidence of each qualification.

If you have more than two qualifications, attach a separate sheet giving the required details

Qualification obtained _____

Name and Address of Educational Institution _____

_____ **COUNTRY** _____

Normal Entry Requirements for the course _____

Normal length of full-time course (in years or semesters) _____

Length of time you took to complete the course (state years or semesters) _____

Date started (Month and Year) _____ **Date Finished (Month and Year)** _____

Full or Part-time? Full-time Part-time

Was a thesis or major research paper a requirement of the course? No Yes

If Yes, title _____

Approximate length (pages or words) _____

Was a period of practical work experience a requirement of the course? No Yes

If Yes, the length of time involved (in years, months, weeks or semester hours) _____

Qualification obtained _____

Name and Address of Educational Institution _____

_____ **COUNTRY** _____

Normal Entry Requirements for the course _____

Normal length of full-time course (in years or semesters) _____

Length of time you took to complete the course (state years or semesters) _____

Date started (Month and Year) _____ **Date Finished (Month and Year)** _____

Full or Part-time? Full-time Part-time

Was a thesis or major research paper a requirement of the course? No Yes

If Yes, title _____

Approximate length (pages or words) _____

Was a period of practical work experience a requirement of the course? No Yes

If Yes, the length of time involved (in years, months, weeks or semester hours) _____

REGISTRATION/ LICENSING DETAILS (if applicable)

Include documentary evidence of each surveying registration/license qualification.

11. First Registration/License

Name of qualification received _____

Name of registration/licensing authority _____

Country _____ Date _____

12. Any other Registration/License

Name of qualification received _____

Name of registration/licensing authority _____

Country _____ Date _____

13. Have you ever been refused a licence or registration or had a licence or registration withdrawn?

No Yes

If Yes, give details _____

14. List your membership of any relevant professional societies and your category of membership.

Include documentary evidence of each society membership.

APPLICANT'S DECLARATION

- 15. (a) I declare that the information supplied, and the documents enclosed, are true and correct.
- (b) I have read the Surveying and Spatial Sciences Institute Land Surveying Commission document titled "Professional Qualifications Assessment For Migration Policy" and agree to my application being processed under those rules.

Signature _____ Date _____

METHOD OF PAYMENT (AUD\$550.00 – GST inclusive)

16. Please indicate the method of payment

Cheque/Post Order Enclosed (*made payable to the Surveying & Spatial Sciences Institute*)

Credit Card* Visa Mastercard (*Credit card payments attract a 2% surcharge)

Card Number _____ CCV No. _____

Name on Card: _____ Expiry Date _____

Signature _____ Date _____