



Architects Accreditation Council of Australia Incorporated

Architectural Practice Examination Parts 1 and 2

Registration Authority:

BOARD OF ARCHITECTS OF TASMANIA

Address:

GPO Box 457, HOBART 7001

Email: registrar@architectsboardtas.org.au

1. Personal Details (please print)

Family name _____ Date of Birth _____

Given names _____ Country of Birth _____

Full Postal Address _____

Postcode _____

Telephone _____ Work _____ Mobile _____

Email address: _____

2. Education

Academic Qualifications or equivalent _____ Date of Advice of Final Results _____

Institution/Body _____ Country _____

3. Practical Experience

Pre Graduate _____ years and _____ months

Post Graduate _____ years and _____ months

I hereby make application to take the Architectural Practice Examination Parts 1 and 2 to be conducted in _____ (State/Territory) in _____ (month and year)

**I seek admission pursuant to the provisions of NCSA 04 and submit the following required documents:
(email all documents in a pdf format to registrar@architectsboardtas.org.au)**

Electronic Log Book

Statement of Practical Experience

Statutory Declaration that all documents submitted are true & correct

Degree, Diploma or equivalent (a certified copy to be provided)

Examination fee of **\$ 625.00** (payment to be made payable to the **BOARD OF ARCHITECTS OF TASMANIA** or can be direct deposited to our Commonwealth Bank account 067-000 28045734 using your name as reference)

To be completed if applicable:

I previously applied for admission to the Architectural Practice Examination Parts 1 and 2 in _____ (State/Territory) in _____ (month and year).

I previously undertook the Architectural Practice Examination Part 2 in _____ (State/Territory) in _____ (month/year)

DATE / / _____ SIGNATURE OF APPLICANT