aaca

Architects Accreditation Council of Australia

Application for Admission

Registration Authority:
Northern Territory Architects Board
ABN 76 154 582 645
Ground Fl, Cavenagh House
38 Cavenagh Street
DARWIN NT 0800
GPO Box 1680
DARWIN NT 0801

Architectural Practice Examination Parts 1 and 2

This information will be kept by your State/Territory Board and AACA Privacy legislation controls use of and access to this information.

1. Personal Details (please print)

Please attach personal photograph

Family name _____

Given names _____

Full postal address

_____

_____

_____ Postcode _____

Telephone Work _____ Home _____ Date of Birth _____

Facsimile Work _____ Home _____ Country of Birth _____

2. Education

Academic Qualifications or equivalent _____

Institution/Body _____ Date of Advice of Final Results _____

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 01/GC and submit the following required documents:

- Log Book (plus 2 copies)
- Statement of Practical Experience (plus 2 copies)
- Degree, Diploma or equivalent (original to be sighted)
- Examination fee (payment to be made payable to the "Receiver of Territory Monies")

Examination Fee: $350 (GST Free) Method of Payment: ☐ Cash ☐ Cheque ☐ Credit Card
Receipt provided: ☐ Yes ☐ No

To be completed if applicable:

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

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

DATE / / **SIGNATURE OF APPLICANT** _____

Office use only

Status
Accepted ☐ Date
Not accepted ☐ Date

Comments

Signed