

Architectural Practice Examination

Parts 1 & 2

Form.12

Architects Board of Western Australia

29 January 2024

This information will be kept by the Architects Board of WA (Board) and the Architects Accreditation Council of Australia (ACA). Privacy legislation controls the use, and access to, this information.

Personal Details

Family Name:	
Given Names:	
Address: Postcode:	
Email:	Tel (W):
Mobile:	Tel (H):
Date of Birth:	Country of Birth:

Attach
Passport-sized
Photo

Qualification (Please complete the following, where applicable)

Qualification	Institution	Year
<input type="checkbox"/> M Arch <input type="checkbox"/> B Arch		
<input type="checkbox"/> Equivalence of Qualification	Board	
<input type="checkbox"/> Standard of Practice	Board	
<input type="checkbox"/> Review of Academic/Graduate Equivalence (RAE/RGE)	AACA	
<input type="checkbox"/> Overseas Qualification Assessment (OQA)	AACA	
<input type="checkbox"/> National Program of Assessment (NPrA)	AACA	

Practical Experience

Pre-Graduate (Years/Months):	Post-Graduate (Years/Months): Post-Graduate in Aust (Years/Months):
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Declarations

I hereby make application to take the Architectural Practice Examination (APE) Parts 1 & 2 to be conducted in Western Australia in _____ (month and year).

I seek admission pursuant to the provisions of the AACA's "APE Procedure for Candidates" publication, submit the required documents as per the Board's Logbook Submission Instructions Checklist and enclose the exam fee of \$665 (GST free).

I previously applied for admission to the APE Parts 1 & 2 in _____ (State/Territory) in _____ (month/year).

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

Signature of Applicant: _____ Date: _____

Date Payment Received: _____ Receipt Number: _____



Architects Board
of Western Australia

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Nedlands WA 6009

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E. info@architectsboard.org.au
architectsboard.org.au

Payment

Fees can be paid by credit card, as follows:

Credit Card

Visa Mastercard

Card Number

Expiry Date

Name on Card

\$665
Amount Payable

Cardholder's Signature

Date

Cardholder's Daytime Phone Number

