

Architectural Practice Examination

Part 3

Form.13

Architects Board of Western Australia

10 October 2023

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 successfully completed the Architectural Practice Examination Part 2 in _____ (State/Territory) in _____ (month/year). Evidence of successful completion is attached (only required if Part 2 was completed outside Western Australia).

I hereby make application to take the Architectural Practice Examination Part 3 to be conducted in Western Australia in _____ (month/year). I seek admission pursuant to the provisions of the ACA's "APE Procedure for Candidates" publication and enclose the exam fee of \$565 (GST free).

I previously undertook the APE Part 3 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

Payment will be taken once applications for the round have closed. Once your payment has been processed, a receipt will be emailed to you.

Please provide payment details below:

Credit Card

Visa Mastercard

Card Number

Expiry Date

Name on Card

\$565
Amount Payable

Cardholder's Signature

Date

Cardholder's Daytime Phone Number