Application for Registration as an Architect

Form.01

Architects Board of Western Australia

28 June 2022

Use of this Form

This form is to be used by people wishing to apply for registration as an architect in Western Australia, who have passed the Architectural Practice Examination and have never been registered in Australia or New Zealand.

If you are already registered in another Australian State or Territory, or in New Zealand, and now wish to be registered in Western Australia, please use *Form 02 - Application for Registration in Western Australia under Mutual Recognition* which is available from the Board's website.

Change of Recorded Details

Following registration, if there is any change to your recorded details, such as a change in name, contact details or insurance cover, you must inform the Board. Please use *Form 08 - Notification of Change of Recorded Details* which is available from the Board's website.

You are also required to contact the Board if your circumstances change and you are no longer practising architecture, or if your qualifications have been withdrawn or cancelled.

Professional Indemnity Insurance

Professional indemnity insurance (PII) is required for practising architects, either as an individual or through your employer's policy. If you are obtaining your own PII, you must provide the Board with a copy of the certificate of currency for your insurance policy. If you will be insured through your employer's PII policy you must provide the Board with both a letter from your employer naming you as an insured employee and a copy of the certificate of currency for your employer's policy.

Note that whether you are insured as an individual or through your employer's policy, the certificate of currency must show the period of cover and amount insured, with the minimum amount required being \$1,000,000.

Certificate of Registration

The Board recommends that architects clearly display their registration certificates and registration number on all correspondence and advertising.

Continuing Professional Development

The Board has to be satisfied that a person has maintained a satisfactory level of knowledge, skill and competence in order to renew their registration. For more information, please refer to *Information Sheet 02 - Continuing Professional Development Framework* (available from the Board's website).

Annual Renewal of Registration

The registration period runs from 1 July to 30 June each year.

Fees

Application Fee \$175 (GST free)

Registration Fee \$250 (GST free)

Total Fees payable \$425 (GST free)

In the event your application is declined, the registration fee of \$250 will be refunded.

Payment Method

Payment of the application and registration fee (\$425) can be made by:

- cheque made payable to Architects Board of WA;
- Visa or Mastercard; or
- eftpos at the Board's office.

Privacy Laws and use of this Information

Information requested by the Board is strictly confidential. Only information which is available for publication in the register may be provided to other registration authorities and to the public.

Further Information

Please contact the Board if you require further information:

T. (08) 9287 9920

E. info@architectsboard.org.au

architectsboard.org.au



Personal Details	If you do not have an accredited architectural qualification from an Australian or New Zealand tertiary institution*, please complete the following:
Family Name	Have you successfully completed any of the following Architects Accreditation Council of Australia (AACA) processes? If "Yes", please tick the relevant box:
Given Names	☐ Overseas Qualification Assessment
	☐ National Program of Assessment
Preferred Name (Known as)	If not, please contact the Board's office.
Date of Birth	What was the date of your successful completion of the AACA process listed above?
Gender: □ Female □ Male	
Address	You must complete either Form 10 - Equivalence of Overseas Qualifications or Form 20 - Acceptance of Standard of Practice. Have you completed and submitted one of these forms to the Board?
	□ Yes □ No
Postcode	If "Yes", what was the date of the Board's approval of your equivalence of qualifications or standard of practice?
Name of Business or Employer	
Work Phone	If "No", please download either Form 10 or 20 from the Board's website, complete and submit to the Board with this application.
Mobile	*If you have an architectural qualification from
Home Phone	Singapore or Hong Kong, please contact the Board's office.
Email	Architectural Practice Examination
Academic Qualifications	Place of Completion
Academic Qualification	Date of Completion
Institution	
Date Conferred	



Fit	ness to Practise	Professional Inden
1.	Have you been convicted of an offence in this State, or elsewhere, which has not been dealt with by a spent conviction order?	Professional indemnity i practising architects. Yo certificate of currency sh
	☐ Yes ☐ No	\$1,000,000) and period
2.	Do you have any prosecutions pending against you?	☐ I have attached a co from my insurer; or
	□ Yes □ No	☐ I have attached a let me as an insured em
3.	Have you previously been registered as an architect?	certificate of currency
	☐ Yes ☐ No	Website
4.	If you answered "Yes" to question 3:	Your contact details can "Search the Register" fu
	 has your registration ever been suspended or cancelled? 	☐ I would like my addrese to be r
	□ Yes □ No	website.
	b. have you ever been dealt with for misconduct?	0 (1 5
	☐ Yes ☐ No	Supporting Docum
	c. are there any unresolved complaints pending against you?	Please attach the follow application form (assem
	□ Yes □ No	□ Certified* copy of dri
5.	Has any application by you for registration as an	☐ Certified* copy of ac
	architect been refused by any registration board? ☐ Yes ☐ No	 Copy of Board letter Equivalence of Quality Practice (if applicable
6.	Have you ever been a director, officer, shareholder or employee of a corporation which has been the	☐ Copy of Board letter

7. Are there any other matters which may be relevant to your suitability for registration or capacity to competently practise as an architect about which the Board should be informed?

contravention of any statute in Western Australia,

subject of disciplinary proceedings for the

□ No ☐ Yes

☐ Yes

or any other jurisdiction?

□ No

If you have answered "Yes" to any of the above, excluding question 3, please provide details in a sealed envelope and submit with this application.

nnity Insurance

insurance is required for all ou must provide a copy of the nowing the amount (minimum of cover.

I have attached a copy of the certificate of currency from my insurer; or
I have attached a letter from my employer naming me as an insured employee and a copy of their

be made available via the inction on the Board's website.

ess, work phone number and made available on the Board's

nentation Required

ing documents to this ble in the order as listed):

- iver's licence or passport;
- ademic qualifications;
- stating attainment of fications or Standard of
- of notification of success in the Architectural Practice Examination;
- ☐ Certified* copy or original police clearance certificate obtained within the preceding six months;
- ☐ Copy of professional indemnity insurance (PII) certificate of currency - either your own policy or a copy of your employer's policy, if you are to be insured through their policy;
- ☐ Copy of letter from your employer naming you as an insured employee (only required if you are to be insured through your employer's PII policy).
- Documents can be certified by a Justice of the Peace, architect, doctor, lawyer, pharmacist, bank manager or equivalent.



Declaration by Applicant	Payment	
	Fees can be paid using one of the following methods: Cheque Send cheque made payable to the Architects Board of WA. Credit Card	
I, Full Name of Applicant		
declare that this application is true and correct and I know that it is an offence to make a declaration knowing that it is false or misleading in a material particular.		
· 	□ Visa □ Mastercard	
Signature	Card Number	
Date	Expiry Date	
Submission of Application	Name on Card	
This application form and supporting documents can be provided to the Board in hard copy or by email.	Amount Payable	
	Cardholder's Signature	
	Date	
	Cardholder's Daytime Phone Number	
	In Darcan	

<u>In Person</u>

Credit card and eftpos payments can be made at the Board's office between 9am and 4pm, Monday to Friday.

