



ACCREDITATION APPLICATION FORM

Please type or print clearly. Each box must be completed (* cross out as applicable). Incomplete applications cannot be processed.

PART A – PERSONAL DETAILS

Surname: Mr/Mrs/ Ms/Miss*	<input type="text"/>	Given Names:	<input type="text"/>
Postal Address:	<input type="text"/>	Street Address:	<input type="text"/>
Email:	<input type="text"/>	Mobile:	<input type="text"/>
Telephone Business:	<input type="text"/>	Fax:	<input type="text"/>
		After Hours:	<input type="text"/>

PART B – INDUSTRY INFORMATION

I have been involved in the Building Design Industry for years full time *and/or years part time.

Building Designer Association Member Yes No Membership Category _____ No _____

PLEASE COMPLETE THE ACADEMIC ACHIEVEMENT AND EXPERIENCE FORM.

PART C – APPLICATION DETAIL

Accreditation Level applied for: Low Rise Low Rise – Residential Medium Rise Unrestricted

Assessment Type required: Type A Type B Type C

PART D – DECLARATION

I, hereby apply for Building Designer Accreditation. I declare that the information submitted in this application is true and correct.

Signed by Applicant Date:

ATTACHMENTS

This application is not complete unless accompanied by:

1. Submission portfolio (see information sheet "Which type of application process is required?")
2. The appropriate fees.

BUILDING DESIGNER ACCREDITATION – APPLICATION CHECKLIST

APPLICANT
 SURNAME GIVEN NAMES

ACCREDITATION LEVEL ASSESSMENT TYPE

PLEASE CHECK THAT YOU HAVE INCLUDED ALL THE REQUIRED DOCUMENTS WITH YOUR APPLICATION. USE THE FOLIO COLUMN TO RECORD YOUR JOB/DRAWING/REFERENCE NUMBERS FOR EACH DOCUMENT SUBMITTED. YOU MAY BE REQUIRED TO SUBMIT A SET ASSIGNMENT AND WRITTEN ANSWERS – DEPENDENDING UPON EXPERIENCE AND QUALIFICATIONS.

	ATTACHED	FOLIO No
1. Completed Application Form and Checklist	<input type="checkbox"/>	<input type="text"/>
2. Certified Copies of Academic Qualifications (Certified by JP)	<input type="checkbox"/>	<input type="text"/>
3. Documentary Evidence of Related Experience	<input type="checkbox"/>	<input type="text"/>
4. Statutory Declaration of Authorship	<input type="checkbox"/>	<input type="text"/>
5. Applicant Involvement Report x No. of Projects Required	<input type="checkbox"/>	<input type="text"/>
6. Project Detail Report x No. of Projects Required	<input type="checkbox"/>	<input type="text"/>
7. Competency Standards Report x No. of Projects Required	<input type="checkbox"/>	<input type="text"/>
8. Optional Supporting Documentation (At Applicant's Discretion)	<input type="checkbox"/>	<input type="text"/>
9. Copies of Working Drawings x No. of Projects Required	<input type="checkbox"/>	<input type="text"/>
10. Copies of Specification x No. of Projects Required	<input type="checkbox"/>	<input type="text"/>

It is in the Applicant's interest to provide documentation that conforms to the requirements of page 2 in **Information for Applicants**, particularly in relation to the number of documents/projects required. The documentation supplied should support the Applicant's ability to satisfy the Evidence Guides on pages 7 & 8 in **Information for Applicants**. If the requested information is not supplied in the first instance, processing will be deferred until such time as all the information is supplied. It is a requirement to provide the following documents, in the order specified, in a single, bound folder. This will be retained by the Accrediting authority.

Document File:	Application Form and Application Fee Completed Application Checklist Certified Copy of Academic Qualifications Documentary Evidence Supporting Related Experience Statutory Declaration of Authorship	For each project :	Applicant Involvement Report – (page 6, Information for Applicants) Project Detail Report – (page 7, Information for Applicants) Performance Report – (page 7, Information for Applicants) + Any Additional Supporting Documents
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APPLICATION MAILING ADDRESS

Building Consultants Accreditation Pty. Ltd.
 PO Box 150
 SILVERDALE NSW 2752

Email: accreditation@bdansw.com.au

Web Address: www.accreditation.net.au