



# ARCHITECTS BOARD OF WESTERN AUSTRALIA

## Architectural Practice Examination Parts 1 & 2

Form 12

19 December 2011

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

### PERSONAL DETAILS

Family Name:		Attach Passport-sized Photo
Given Names:		
Address:		
Postcode:		
Email:	Tel (W):	
Mobile:	Tel (H):	
Date of Birth:	Country of Birth:	

### QUALIFICATION (Please tick only **one** of the following options)

Qualification	Institution	Year
<input type="checkbox"/> M Arch <input type="checkbox"/> B Arch		
<input type="checkbox"/> Equivalence of Qualification	ABWA	
<input type="checkbox"/> Standard of Practice	ABWA	
<input type="checkbox"/> Review of Academic Equivalence	AACA	
<input type="checkbox"/> National Program of Assessment	AACA	

### PRACTICAL EXPERIENCE

Pre Graduate:                      years                      months	Post Graduate:                      years                      months
	Post Grad. in Aust:                      years                      months

### DECLARATIONS

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

I seek admission pursuant to the provisions of *A Guide for Candidates* and submit the required documents as per the Architects Board of WA checklist and enclose the examination fee of \$350.00 (GST free).

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).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Date payment received: \_\_\_\_\_



---

## Payment Method

---

**Cheque**

Make cheque or money order payable to Architects Board of WA.

**Credit Card**

Visa

MasterCard

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Amount: \$350

Cardholder's Daytime  
Phone Number: \_\_\_\_\_

**In Person**

Cash, Credit Card and EFTPOS payments may be made at the Board's office between 9:00am and 4:30pm Monday to Friday.