

Workplace Standards Tasmania

PO Box 56, Rosny Park, TAS 7018

Phone: (in Tasmania) 1300 366 322; outside Tasmania – 03 6233 7657; Fax 03 6233 8338

Email: wstinfo@justice.tas.gov.au Website: www.wst.tas.gov.au/bpa



APPLICATION FOR ACCREDITATION AS A BUILDING PRACTITIONER

1 YOUR PERSONAL DETAILS

| | | |
|--|--|--|
| Title | Given name(s) | Family name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preferred name | Date of birth | Town and Country of birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Driver licence number | Country of citizenship? | Permanent Australian resident? |
| <input type="text"/> | <input type="checkbox"/> Copy attached <input type="checkbox"/> Australia <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a visa to work in Australia? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Copy of identification page of passport or citizenship certificate attached | |

2 YOUR BUSINESS DETAILS

| | | |
|----------------------|---|----------------------|
| Business name | ABN | |
| <input type="text"/> | <input type="text"/> | |
| Trading name | | |
| <input type="text"/> | | |
| Phone number | Mobile number | Fax number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal address | Postcode | |
| <input type="text"/> | <input type="text"/> | |
| Street address | Suburb/Town/Locality | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address | Position in business | |
| <input type="text"/> | <input type="checkbox"/> Sole practitioner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Employee | |

3 ABOUT THE APPLICATION

Tick one box only

| | | |
|--|--|--|
| Primary Application <input type="checkbox"/> | Additional Category <input type="checkbox"/> | Change of Details <input type="checkbox"/> |
|--|--|--|

Years of experience in the building industry:

Category/Class (see the form: *Categories Applied For*)

Years of experience in Category/Class

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Referee to verify your years of experience

| Name | Address | Phone number(s) |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Your Accreditation ("CC") number (if you have one)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Please check the box to confirm you have read the Personal Information Protection Statement accompanying this application form.

4 INSURANCE DETAILS

Business insurance cover provided by (please tick one):

Self Employer

Public Liability insurance

Copies of documents attached

Insurer

Expiry date

Amount of cover

| | | |
|--|--|--|
| | | |
|--|--|--|

Contract Works insurance

Copies of documents attached

Insurer

Expiry date

Amount of cover

| | | |
|--|--|--|
| | | |
|--|--|--|

Professional Indemnity insurance

Copies of documents attached

Insurer

Expiry date

Amount of cover

| | | |
|--|--|--|
| | | |
|--|--|--|

5 QUALIFICATIONS

Your highest qualification

Copies of documents attached

Year awarded

| | |
|--|--|
| | |
|--|--|

Name of issuing institution

AQF level

| | |
|--|--|
| | |
|--|--|

Additional relevant qualifications

Copies of documents attached

| |
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6 RELEVANT PROFESSIONAL REGISTRATIONS/MEMBERSHIPS

Copies of documents attached

Organisation

Level of registration

Registration number

| | | |
|--|--|--|
| | | |
|--|--|--|

7 RELEVANT INTERSTATE REGISTRATION

Copies of documents attached

I wish to apply under The Mutual Recognition Act

Yes No

State

Category/categories

Scope of work

Registration no.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

8 DECLARATION

Have you ever had your accreditation, registration, or classification as a building practitioner cancelled, suspended, or refused in Australia, or in any other country?

Yes No

Are you currently subject to disciplinary proceedings in relation to competence?

Yes No

9 STATUTORY DECLARATION

I,

.....

(Name, address and occupation)

do solemnly and sincerely declare that the information I have given in this application and the information contained in all accompanying documents supplied by me is true and correct. I make this solemn declaration under the *Oaths Act 2001*.

Declared at on

(Place)

(Date)

..... Before me,

(Signature of Applicant)

Signature of Justice, Commissioner of

Declarations or Authorised Person

Attached cheque for Application Fee of \$168.00 per Category, made payable to Department of Justice.

Attached Declaration of Assets (builders only)