

Building Practitioner Accreditation

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/building



APPLICATION FOR ACCREDITATION AS A BUILDING PRACTITIONER

1 YOUR PERSONAL DETAILS

Title	Given name(s)	Family name
Preferred name	Date of birth	Town and Country of birth
Driver licence number	Country of citizenship?	Permanent Australian resident?
	<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	
Trading name		
Phone number	Mobile number	Fax number
Postal address	Postcode	
Street address	Suburb/Town/Locality	Postcode
Email address	Position in business	
	<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 Additional Category Change of Details

Years of experience in the building industry:

Category/Class (see the form: *Categories Applied For*) Years of experience in Category/Class

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Referee to verify your years of experience

Name	Address	Phone number(s)

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

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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	<input type="checkbox"/> Copies of documents attached	
Insurer	Expiry date	Amount of cover
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contract Works insurance	<input type="checkbox"/> Copies of documents attached	
Insurer	Expiry date	Amount of cover
<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Indemnity insurance	<input type="checkbox"/> Copies of documents attached	
Insurer	Expiry date	Amount of cover
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 QUALIFICATIONS

Your highest qualification	<input type="checkbox"/> Copies of documents attached	Year awarded
<input type="text"/>		<input type="text"/>

Name of issuing institution	AQF level
<input type="text"/>	<input type="text"/>

Additional relevant qualifications	<input type="checkbox"/> Copies of documents attached
<input type="text"/>	

6 RELEVANT PROFESSIONAL REGISTRATIONS/MEMBERSHIPS Copies of documents attached

Organisation	Level of registration	Registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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) Justice, commissioner of declarations or authorised person

- Attached cheque for Application Fee of \$159.60 per Category, made payable to Department of Justice.
- Attached Declaration of Assets (builders only)