



Application for Admission

Architects Accreditation Council of Australia

Architectural Practice Examination
Parts 1 and 2

This information will be kept by your State/Territory Board and AACA
Privacy legislation controls use of and access to this information.

Northern Territory
Architects Board

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TAX INVOICE
ABN: 76 154 582 645

1 PERSONAL DETAILS (PLEASE PRINT)

Form with fields for Preferred title, Family name, Given Names, Other names used, Gender, Date of Birth, etc.

Please attach passport size photograph

2 CONTACT DETAILS

Form with fields for Full postal address, Tel work, Tel home, Mobile, Postcode, Email address

3 EDUCATION

Form with fields for Academic Qualifications or Equivalent, Date of advice of Final Results, Name of Institution/Body, Country

4 PRACTICAL EXPERIENCE

Form with fields for Pre Graduate years and months, Post Graduate years and months

5 TO BE COMPLETED IF APPLICABLE

Form with text for previous applications and examinations

I hereby make application to take the Architectural Practice Examination Parts 1 and 2 to be conducted in the NORTHERN TERRITORY in (month and year)

6 DOCUMENTATION TO BE PRESENTED

Form listing documentation: Electronic copy of all documentation, Log Book Identification Sheet, Competency and Mandatory Summary Sheets, Statement of Practical Experience, Statutory Declaration, Degree, Diploma or equivalent

SIGNATURE OF APPLICANT DATE / /

7 OFFICE USE ONLY

Form with fields for Examination Fee \$, Method of Payment, Receipt Provided, Status, Comments, Signed, Date