

# Reapplication for Assessment of Professional Qualifications – Surveyor (ANZSCO 232212)

(for successful applicants whose original notification has expired)

## PERSONAL DETAILS

1. Your full name (as shown in your passport)

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

2. Have you been known by any other names (including name before marriage, aliases)?

No  Yes  If yes, give details \_\_\_\_\_

3. Sex Male  Female

4. Date of Birth \_\_\_\_\_

## CONTACT DETAILS

5. Address for correspondence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

6. Telephone Numbers

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

7. Email \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

8. Provide an updated, typed summary of your professional experience as a surveyor.

Include the dates of each period of employment, the name of the employer, the location of the employment, your job title, and the nature of your employment including the tasks performed and the projects involved.

## CONTRIBUTIONS TO THE PROFESSION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

9. Provide a typed summary of any contributions you have made to the surveying profession and the CPD you have undertaken during the past two years (refer to Annex C for further information).

Include documentary evidence of attendance (i.e. Certificate of Attendance) at each CPD activity, the date (and duration of hours) of each activity, the name of the provider, the location and a description of the activity.

**EDUCATIONAL QUALIFICATIONS (only applicable if further qualification/s have been obtained)**

**10. Give details of all tertiary level courses you have completed**

Include documentary evidence of each qualification.

If you have more than two qualifications, attach a separate sheet giving the required details

Qualification obtained \_\_\_\_\_

Name and Address of Educational Institution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

Normal Entry Requirements for the course \_\_\_\_\_

Normal length of full-time course (in years or semesters) \_\_\_\_\_

Length of time you took to complete the course (state years or semesters) \_\_\_\_\_

Date started (Month and Year) \_\_\_\_\_ Date Finished (Month and Year) \_\_\_\_\_

Full or Part-time? Full-time  Part-time

Was a thesis or major research paper a requirement of the course? No  Yes

If Yes, title \_\_\_\_\_

Approximate length (pages or words) \_\_\_\_\_

Was a period of practical work experience a requirement of the course? No  Yes

If Yes, the length of time involved (in years, months, weeks or semester hours) \_\_\_\_\_

Qualification obtained \_\_\_\_\_

Name and Address of Educational Institution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ COUNTRY \_\_\_\_\_

Normal Entry Requirements for the course \_\_\_\_\_

Normal length of full-time course (in years or semesters) \_\_\_\_\_

Length of time you took to complete the course (state years or semesters) \_\_\_\_\_

Date started (Month and Year) \_\_\_\_\_ Date Finished (Month and Year) \_\_\_\_\_

Full or Part-time? Full-time  Part-time

Was a thesis or major research paper a requirement of the course? No  Yes

If Yes, title \_\_\_\_\_

Approximate length (pages or words) \_\_\_\_\_

Was a period of practical work experience a requirement of the course? No  Yes

If Yes, the length of time involved (in years, months, weeks or semester hours) \_\_\_\_\_

**REGISTRATION/ LICENSING DETAILS (if applicable)**

Include documentary evidence of each surveying registration/license qualification.

**11. First Registration/License**

Name of qualification received \_\_\_\_\_

Name of registration/licensing authority \_\_\_\_\_

Country \_\_\_\_\_ Date \_\_\_\_\_

**12. Any other Registration/License**

Name of qualification received \_\_\_\_\_

Name of registration/licensing authority \_\_\_\_\_

Country \_\_\_\_\_ Date \_\_\_\_\_

**13. Have you ever been refused a licence or registration or had a licence or registration withdrawn?**

No  Yes

If Yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. List your membership of any relevant professional societies and your category of membership.**

Include documentary evidence of each society membership.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S DECLARATION**

- 15. (a) I declare that the information supplied, and the documents enclosed, are true and correct.
- (b) I have read the Geospatial Council of Australia document titled "Professional Qualifications Assessment For Migration Policy" and agree to my application being processed under those rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:** The Reapplication fee is AUD\$400.00. Payment must be received in full before an application will be considered. Our preferred payment method is Electronic Fund Transfer (EFT) [also known as a wire transfer]. The necessary bank information is provided below.

Bank Name:	Commonwealth Bank of Australia
Branch Address:	240 Queen St, Brisbane, Qld 4000
Account Name:	Geospatial Council of Australia
BSB:	064-000
Account No:	15974652
Swift Code:	CTBAAU2S (transfer in AUD)
Reference:	<b><u>Applicant's Surname - Migration Reapplication</u></b>

Note: If using the EFT payment method you also need to send a remittance advice to [finance@geospatialcouncil.org.au](mailto:finance@geospatialcouncil.org.au) to make sure your payment is tracked properly.

**If you wish to pay via credit card or BPay**, you can request an invoice is created outlining the payment instructions for these methods. Payments can no longer be accepted over the phone. Please request this service by emailing [finance@geospatialcouncil.org.au](mailto:finance@geospatialcouncil.org.au)

## CHECKLIST

**You MUST include the following documents with your completed Reapplication form:**

(Certified copies of the original documents plus English translations if necessary)

- A **certified** copy of your educational qualification papers (such as degrees, diplomas, certificates etc.) if not submitted with your original application
- A **certified** copy of educational courses completed, showing subjects, credit hours, examination results and where applicable, details of practical education (if not submitted with your original application)
- **Certified copies** of Birth Certificate, Passport and at least one other official photo bearing document (if not submitted with your original application)
- If your original English Language Test Report has expired, please provide advice as to whether or not you have a current Test Report and if so, include a copy of your results with your application.
- At least two written references from employers, members of the profession or, if you are self-employed, from two professional colleagues – plus all referee contact details (**reference letters must be on original company letterhead with an original signature**);
- An updated summary of your professional work experience.
- An updated tabular summary of your professional work experience.
- A summary of your contributions to the profession and evidence of your continuing professional development during the past two years (Annex C of the Information Form refers)
- Documentary evidence of any professional society membership.
- Official certified copies, where applicable, of your original and current registration or licensing
- Change of Name
- **Application Fee of AUD \$400.00 and the sender/payor's details via email.**

## NOTES:

When applying, **all** documentation **must** be EMAILED to [migration@geospatialcouncil.org.au](mailto:migration@geospatialcouncil.org.au) (the **only** exceptions to this are the sender/payor's details emailed to [finance@geospatialcouncil.org.au](mailto:finance@geospatialcouncil.org.au) and the English Language test report form for which different arrangements may apply depending on the testing authority). If you have any questions regarding submitting your application email:

[migration@geospatialcouncil.org.au](mailto:migration@geospatialcouncil.org.au)

All application packets must be complete for them to be considered.