

# Architectural Practice Examination

## Application Part 3

### Personal details

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Surname .....

Mr/Miss/Ms/Mrs .....

Given Names .....

Former Surname .....

Preferred Name .....

Date of Birth .....

Postal Address .....

.....

..... Postcode.....

Phone Mobile .....

Home .....

Work .....

Email .....

Please attach personal  
photograph here

### Education

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Academic Qualifications or equivalent .....

Institution/Body .....

Country .....

Date of Advice .....



Duration of practical experience

Prior to Graduation ..... years and ..... months

Post Graduation ..... years and ..... months

To be completed if applicable:

I previously undertook the Architectural Practice Examination Part 3 in ..... (State/Territory) in ..... (month and year).

I previously undertook the Architectural Practice Examination Parts 1 and 2 in ..... (State/Territory) in ..... (month and year).

Declaration

I hereby make application to take the Architectural Practice Examination Parts 3 to be conducted in South Australia in ..... (month and year).

Signature of applicant ..... Date .....

Any private and confidential information provided with this application will only be used in support of the application and in accordance with APBSA's data collection and privacy policy. APBSA complies with the Privacy Act 1988 (Cth).