

# Locally Experienced Practitioners Program

Use this form to apply for the Locally Experienced Practitioner (LEP) Program. Additional information and links can be obtained by referring to Form 15.2 – Information Sheet.

## Personal Details

Family Name

Given Names

Former Names (if applicable)

Date of Birth

Postal Address

Postcode

Residential Address (if different from above)

Postcode

Please nominate your preferred contact address for correspondence

Postal

Residential

Name of Business or Employer

Address of Current Place of Business or Employer

Postcode

Business Phone

Mobile

Email Address

## Academic Architectural Qualifications

Academic Qualification (in full)\*

Institution or Authority

Date Conferred

Other Academic Qualifications

Institution or Authority

Date Conferred

\* Eg B.Arch, NPrA, AACA RAE/RGE

Submit a certified copy of your Degree with your application.

Number of years practising Architecture (post graduate) \_\_\_\_\_

Number of years practising Architecture (post graduate) at Executive Level \_\_\_\_\_

Number of months practising Architecture in Australia over the last three years \_\_\_\_\_

Residency Status (tick whichever is applicable) :

Australian Citizen

Resident of Australia

Permanent Visa Class \_\_\_\_\_

Temporary Visa Class \_\_\_\_\_

I confirm that the details given in this application are true and correct in every particular

Signature of Applicant

Place

Date

This form and attachments should be submitted to [admin@archboardsa.org.au](mailto:admin@archboardsa.org.au) with the applicable fee. Please include the transaction record with your documentation.