

## APPLICATION FOR PROFESSIONAL ASSESSMENT PROJECT

### Form 17A

*Privacy Statement – Under Section 68 of the Surveyors Act 2003 (the Act), the Board maintains a Register of Surveyors which is accessible by the public. Personal information is collected for the purpose of assisting the Board to carry out the duties defined in the Act. The Act requires the public part of the register to be published. A registrant's name and type of registration will be published on the Board website. Other contact information will only be disclosed to third parties with the written consent of the registrant.*

PLEASE PRINT ALL INFORMATION AND RETURN FORM TO:

**Surveyors Board of Queensland**

[admin@sbq.com.au](mailto:admin@sbq.com.au)

PO BOX 656 SPRING HILL QLD 4004

07 3839 7744

Title:		Preferred Name:	
First Name:			
Middle Name/s:			
Last Name:			
Residential address:			
Postal address (if different from above):			
Email:			
Contact number:	Mobile		
	Work		
Date of birth:			
Name of employer:			
Employment start date:			

I hereby apply for approval of the proposed Professional Assessment Project (PAP) as part of my registration for:

<input type="checkbox"/>	Engineering endorsement
<input type="checkbox"/>	Mining Open Cut endorsement
<input type="checkbox"/>	Mining Underground Coal endorsement
<input type="checkbox"/>	Mining Underground Metalliferous endorsement

In support of my PAP application, I enclose **ALL** the following documentary evidence:

<input type="checkbox"/>	Current resume
<input type="checkbox"/>	Your nominated Supervisor/Assistant Examiner
<input type="checkbox"/>	Application Fee and Registration Fee (refer to <a href="#">SBQ Schedule of Fees</a> )

**Project Outline (2-3 pages) should contain the following:**

<input type="checkbox"/>	Project summary
<input type="checkbox"/>	Project detail
<input type="checkbox"/>	My involvement in the project
<input type="checkbox"/>	Project timeline
<input type="checkbox"/>	Project cost estimates
<input type="checkbox"/>	Locality map
<input type="checkbox"/>	Proposal plan

**I solemnly and sincerely declare that the above information is true and correct. I make the solemn declaration conscientiously believe the same to be true.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Fees can be paid by:

1. **Credit Card** (Mastercard or Visa only) – please contact the Board office (07 3839 7744) to provide your details over the phone and to confirm the amount payable
2. **Direct deposit** – please contact the Board office for the Board's bank details and to confirm the amount payable

### OFFICE USE ONLY

FEE:	DATE:	RECEIPT NO:
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