

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

PO BOX 656 SPRING HILL QLD 4004 07 3839 7744

| Title: | Preferred Name: | | | | <u> </u> |
|---|-----------------------------|-----------------|-------------------------------|--------|--|
| 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: | | | | | |
| ☐ Engined | Open C | | Mining Underground Coal | | Mining Underground Metalliferous |
| In support of my PAP applic | ation, I enclose <u>ALL</u> | the follow | ving documentary | y evid | dence: |
| Current resume | | | | | |
| Your nominated Super Application Fee and Re | | | ah adula af Fasa) | | |
| Application ree and Ne | gistration ree (refer | 10 <u>38Q 3</u> | <u>chedule of Fees)</u> | | |
| Project Outline (2-3 pages) | should contain the | following | : | | |
| Project summary | | | | | |
| Project detail | | | | | |
| My involvement in the | project | | | | |
| Project timeline | | | | | |
| Project cost estimates | _ | | | | |
| Locality map | | | | | |
| Proposal plan | | | | | |
| I solemnly and sincerely decla representatives to contact any authenticates any future evid | y person who a) has at | ıthenticat | ed any evidence fo | _ | permission for the Board's part of this application; and b) |
| Signature o | of Applicant | | | | Date |

Fees can be paid AFTER submitting the form via email (admin@sbq.com.au) by:

- 1. **Credit Card** (Mastercard or Visa only) you may contact the Board office (07 3839 7744) to provide your details over the phone and to confirm the amount payable
- 2. **Direct deposit** upon receipt of your application, the Board will provide bank details and confirm the amount payable