

APPLICATION FOR ASSESSMENT OF OVERSEAS QUALIFICATIONS

Form 22A – Version 1206

Form approved under s191 of the *Surveyors Act 2003* for an application under s45

PHONE 07 3839 7744
Email: admin@surveyorsboard.com.au

PLEASE PRINT ALL INFORMATION AND RETURN FORM

To: **Surveyors Board of Queensland
PO Box 656
SPRING HILL QLD 4004**

Full Name:			
Postal Address:		Residential Address:	
	PC		PC
Email:			
Phone No. (B/H):		Mobile:	Phone No. (A/H):
Name of Employer:			
Employment Details: Start Date		Principal / Director/ Employee:	
Date of Birth:			
University Degree		University Attended	
Degree Started:		Completion Date:	
Languages Spoken (other than English):			

Applicant Checklist

Board Use Only

- Certified** copy of your Academic Transcript
- Certified** copy of University Certificate
- Current copy of your resume

Do you know of any matter related to your character, honesty and integrity which would affect your application? If yes, please provide additional information in the space below. YES NO

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I hereby apply for the assessment of my overseas qualifications. I solemnly and sincerely declare that the above information is true and correct. I make this solemn declaration conscientiously believing the same to be true.

Signature of Applicant: **Date:**

Fees can be paid either by cheque, money order payable to the "Surveyors Board of Queensland" OR by Credit Card (MASTERCARD and VISA only).

Name on Card _____

Card Number _____ / _____ / _____ / _____

Exp Date ____ / ____ **Cardholder Signature** _____

For direct deposit enquiries, please contact the office for bank details.

Office Use Only	
Fee:	_____
Date:	_____
Rec No:	_____