



**APPLICATION FOR REGISTRATION AS A SURVEYING ASSOCIATE**

Form 01A

*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:			
Languages spoken:	<i>(other than English)</i>		
University degree:			
University attended:			
Degree started:		Completion date:	
Name of employer:			
Employment start date:			

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

	Current resume
	Two (2) recent (completed in the last 12 months) signed reference letters regarding your reputation and character from people who have known you for more than two (2) years; must NOT be a relative
	Application Fee and Registration Fee (refer to <a href="#">SBQ Schedule of Fees</a> )
<b>AND</b>	
	Completed SACA (Surveying Associate Competency Assessment) signed by a Registered Surveyor <b>OR</b>
	Evidence of tertiary qualifications per the Competency Assessment and Registration Policy

THE REGISTER (s68 (5)): Do you consent to your contact information, as advised above, being accessible within the publicly available part of a Register of Surveyors?  Yes  No

Do you know of any matter related to your character, honesty, and integrity which would affect your application?

Yes (please provide additional information in a separate document)  No

***I solemnly and sincerely declare that the above information is true and correct. I give permission for the Board's representatives to contact any person who a) has authenticated any evidence forming part of this application; and b) authenticates any future evidence used to assess my competency.***

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

\_\_\_\_\_  
Date

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

- 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
- Direct deposit** – upon receipt of your application, the Board will provide bank details and confirm the amount payable