FORM 4

Regulation 28 (2)

Application for Certificate of Practice for Qualified Experts

1. PERSONAL DETAILS
   (a) Name:_____
   (b) Postal Address:_____
   (c) Phone _____
   (d) E-mail:_____
   (e) Date of birth:_____
   (f) Gender:_____

2. APPLICATION

   (a) State practice for which you are applying for certification

_____
_____

   (b) Previous AEC Registration (if not new application): Certificate No._____Practice_____

3. QUALIFICATIONS AND EXPERIENCE

   (a) Describe field of expertise/specialization in relation to your application.

_____

_____

(b) Highest qualification or certification attained in field applied for: (attach certified copy of certificates and brief resume)

_____

_____

(c) Provide details about length of service and experience acquired in field applied for;

_____

_____

(d) Provide highlights about any previous works conducted in field applied for;

_____

_____

(e) List any memberships to professional bodies:

_____

_____

4. EMPLOYMENT DETAILS

(a) Current employer and address (if different from that above)

_____

_____

(b) Institutions you work for as part time: -

_____

_____

5. DECLARATION

I, _____*(name)*, certify that all the information given herein is true and correct to the best of my knowledge.

Signature:_____ Date:_____

FOR OFFICE USE ONLY

Application No: ……/20…….

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Name of officer receiving application	*Signature*	*Date*