


AIBS introduced the requirement for all practicing members of AIBS to become accredited in accordance with the AIBS Membership Policy that came into effect on 01 January 2021.

The current requirements for members to become accredited with AIBS are set out in the AIBS National Accreditation Scheme.

The purpose of Mutual Recognition Accreditation is to introduce an additional process for AIBS to accredit members and building surveyors through mutual recognition of equivalence of a building surveyors' registration as a building surveyor across all jurisdictions by recognised registration authorities.

The AIBS Board has approved the Mutual Recognition Accreditation Program from 01 July 2021 until 30 June 2023 which has been incorporated into the AIBS National Accreditation Scheme effective 01 July 2021.

 This symbol indicates supporting documents which you must include with your application.

Member Information:

Please provide the personal information requested below.

Full name:

Date of Birth:

Address:

Postal Address:

Email:

Phone:

Gender:

Male

Female

Prefer not to say

Employment Type:

Please specify if you are:

A **director of a company** that provides building surveying advisory, consultancy and statutory services

A **partner/owner** of a business that provides building surveying advisory, consultancy and statutory services

A **sole trader** that provides building surveying advisory, consultancy and statutory services


An **employee of a company** that provides building surveying advisory, consultancy and statutory services

A **government employee** (Local/State/Federal)

Employed solely in **academia**

Other (please specify):

State/Territory Registration:

 **PLEASE ATTACH:** a copy of the certificate/s of registration/licensing for any state or territory you are currently registered with as a Building Surveying professional.

State/Territory you are currently registered in:


Current Level of Building Surveying Registration (*required*):

Please list any current conditions on your licence/registration:


Disciplinary Action:

Have you been subject any disciplinary action by a state/territory regulatory body in the last 3 years?

YES**NO**

 If **YES**, please attach the respective notice supplied by your regulatory body, outlining details of the relevant disciplinary action.

Position Description:

 Please either attach a copy of the Position Description for your current professional role, or provide an outline of this in the text box below:

Education Qualifications:

What academic qualification/s do you hold?

 Please attach copies of your academic qualification certificate/s.

Level of AIBS Accreditation sought: (Select one)

- Building Surveyor (Level 1)
- Building Surveyor Limited (Level 2)
- Assistant Building Surveyor (Level 3)

Professional Standards Scheme Declaration:

Have you successfully applied for an exemption from the AIBS Professional Standards Scheme?

YES**NO**

If **YES**, no further action required.

If **NO**, have you completed the AIBS Professional Standards Scheme Declaration?

YES**NO****Fees:**

The application fee to apply for AIBS Accreditation via Mutual Recognition during the 2021 – 2022 financial year is \$300 (GST inclusive).

This fee will be waived for all current AIBS Members who apply for AIBS Accreditation via Mutual Recognition by 31st January 2022.

If payment of this fee is required, the AIBS office will raise an invoice on your AIBS account once your application has been submitted.

NB: It is a requirement that your annual Practicing Member Renewal fee for the coming year is paid in full prior to your lodgement of your Accreditation via Mutual Recognition application.

Please contact 1300 312 427 or accreditation@aibs.com.au for further information on fees.

Declaration:

I, _____, confirm and declare that:

1. All information set out in this application is true and correct;
2. I agree to provide any information, documents or assistance required by the AIBS Board and its delegates for my application;
3. I agree to abide by the AIBS Professional Standards Scheme and the AIBS Accreditation Scheme;
4. I agree to participate in the AIBS CPD Program and the AIBS Audit Program.
5. My current registration as part of this application is in the State or Territory in which I reside;

APPLICANT SIGNATURE:
DATE:

OFFICE USE ONLY

	Date	Actioned By
Application received		
Application processed and saved		
Application submitted for initial review		
Initial review of application approved		
Application submitted to NAP for final review		
Application approved by NAP		
Accreditation issued to Member		