

# Application Form: Examiners

Applicant Details	
Surname	
First Name	
Contact Email	
Contact Number	

Professional details	
Registration number	
Registration in other states/territories (Please list)	
Employer details (Indicate if self-employed)	
Initial registration date	
Class of registration	

**Please note:** You are required to address the below questions. Failure to do so will mean your application is assessed as incomplete.

## Selection Criteria

**Question: Please outline your understanding of the role of the Architects Registration Board of Victoria (ARBV).**

**Question: Please provide examples that demonstrate your knowledge of the National Standard of Competency for Architects (NSCA).**

**Question: Please describe your understanding of issues facing the architectural industry.**

**Question: Please outline your experience in supervising or mentoring architectural graduates or architects or early-career architects.**

## Declaration

Are there any matters of a criminal nature or otherwise that you are aware of that may impact your application?

Yes  No

*If yes, please provide further detail below*

## Declaration

Are you subject to any disciplinary matters relating to your work as an architect?

Yes  No

*If yes, please provide further detail below*

## Terms & Conditions

**Please ensure that you read and fully understand each of the following statements**

- By submitting this application I hereby consent to ARBV gaining access to, obtaining, using or disclosing any information relating to me including information of a personal nature for the purpose of processing my application for appointment and to make an assessment of my suitability.
- By submitting this application I further consent to ARBV conducting checks of other records kept by Registration Boards in other jurisdictions.
- The information obtained by the ARBV will not be provided to any other person or organisation without your consent