

## MUTUAL RECOGNITION REQUEST

*Request for information under the Mutual Recognition Act*

To \_\_\_\_\_ From \_\_\_\_\_  
Email \_\_\_\_\_ Date \_\_\_\_\_

*Fields can be completed on screen by Registration Board*

*Please provide confirmation of the following statements made by the applicants listed below in support of their application for registration in New South Wales. Please return the completed form by email to nadiner@architects.nsw.gov.au*

### Applicant Information

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_ M F

Registration Number \_\_\_\_\_ Registration Date \_\_\_\_\_

Registration Category Full Non-practising Retired

Academic qualification and University \_\_\_\_\_ Date conferred \_\_\_\_\_

APE Date Completed \_\_\_\_\_ State/Territory \_\_\_\_\_



### The Applicant:

Is registered with your Board	No	Yes	
Holds a current practising certificate	No	Yes	
Is subject to disciplinary proceedings (including any preliminary action or investigations that might lead to disciplinary proceedings).	No	Yes	If YES, please advise
Has had his/her registration cancelled or is currently suspended as a result of disciplinary action.	No	Yes	If YES, please advise
Is personally prohibited from practising as an architect and is subject to special conditions in carrying out that practice, as a result of criminal, civil or disciplinary proceedings.	No	Yes	If YES, please advise
Is subject to special conditions or limits in registration.	No	Yes	If YES, please advise

*We are aware of our obligation to keep you informed of any disciplinary action taken after this date*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ State/Territory \_\_\_\_\_