

Application for Master Glazier



MASTER GLAZIER APPLICATION AND PORTFOLIO

APPLICANT INFORMATION

Family Name:		Given Name:	
Date of birth:	E-mail:	Phone:	
Current address:			
City:	State:	Post Code:	

EMPLOYMENT INFORMATION

Current employer:		Self Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer address:		Time in the industry: years	
City:	State:	Post Code:	
Email:	Phone:	Fax:	
Position:		Length of time as a Glazier:	

QUALIFICATION HELD

Certificate III Glass and Glazing: No <input type="checkbox"/> Yes <input type="checkbox"/>	Date of completion: / /	Certificate Number:	Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/>
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NO QUALIFICATION HELD (EXEMPTION REQUESTED)

No qualification but 25 years plus Glazing experience: No <input type="checkbox"/> Yes <input type="checkbox"/>	Completed exemption form attached: No <input type="checkbox"/> Yes <input type="checkbox"/>
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NO QUALIFICATION HELD (RPL ACTION)

I require assistance with RPL: Yes <input type="checkbox"/> No <input type="checkbox"/>	I have already commenced an RPL process: No <input type="checkbox"/> Yes <input type="checkbox"/>
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INDUSTRY REFERENCES (2) (TELEPHONE CONTACT DETAILS ONLY NO LETTERS OF REFERENCE REQUIRED)

Name	Business or Company	Phone

MEMBERSHIP STATUS (APPLICANT OR EMPLOYER)

Presently a member of: AGGA IGMA AGGA VIC AGGA TAS NSWGGA GGASA AGGA QLD GWAWA Other

I, or my company, are not a member of any of the above associations please send me relevant membership details: Yes No

ATTACH: COPY OF CERTIFICATE SUPPORT MATERIAL EXEMPTION FORM (IF APPLICABLE) (EMAIL PASSPORT PHOTO TO AGGA)

I authorize the verification of the information provided on this form as to my employment and qualification status prior to my acceptance onto the AGGA Master Glazier program. I agree to payments of \$100 for my application and \$100 first year fee. (Non-members \$200 application and \$200 annual fee)

Payee: Employer <input type="checkbox"/> Applicant <input type="checkbox"/>	Payment by Credit card only. If you require other methods please call AGGA to discuss.	Credit card details	Expiry Date / /
Name on Credit card		Credit card number _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	
Applicants signature:		Application date	

AGGA use only DO NOT PUT ANY DATA IN THIS AREA	AGGA reviewer	Date received: / /2018
	Certificate #	Date checked: / /2018
		Date issued: / /2018

Email completed application to: patrick@agga.asn.au or
mail to: AGGA 105 Gardenvale Road, Gardenvale, Victoria, 3185 or
Fax 03 9596 8079

Conditions of Application

1. You must have a Certificate III in Glass and Glazing or its equivalent. If applying for qualification exemption the "Application for exemption" form must be attached to this application.
2. You must still be working in the Glass industry.
3. You must supply all relevant documentation as required by AGGA to conduct a formal assessment of your application. See check list below.
4. You will be required to attend an interview.
5. You agree to abide by the decision of the AGGA regarding your application.

Assessment Criteria

Assessment will be by AGGA members and will be based on the information you supply. You will then be interviewed via telephone, face to face or video. You will be informed of the decision within 4 weeks of your application.

If you are not successful with your application AGGA will inform you of what additional information is required to finalise your application.

Applicant Checklist

Please ensure you understand and have read through this checklist and have answered all the required questions in the Portfolio. Then send the completed application form and portfolio booklet back to:

AGGA CPD program
Attention: Patrick Gavaghan
105 Gardenvale Road, Gardenvale, Victoria, 3185

Or Email to patrick@agga.asn.au

Please tick the boxes on each of the following statements then sign this form.

I have read and agree to the conditions of application and assessment process as specified in the "Conditions of Application" and "Assessment Criteria" outlined above.

I confirm that the information supplied in this application is true to the best of my knowledge and that the work related attachments refer to my work in the glass industry.

I also agree that AGGA can use my photograph in promoting the AGGA CPD program required to promote the benefits of the CPD program.

Family Name: _____

Given Name: _____

Signature: _____

Date: ____ / ____ / **2018**

Portfolio information

1. When did you complete your trade qualification?

Date ____/____/____

Was it through attendance at Trade school, on the job or Recognition of Prior Learning (RPL)?

Trade School On the job RPL

(Any are accepted as ways of achieving the required qualification)

25 years plus experience (detailed experience must be recorded on the Exemption from qualification form)

Other explain: _____

2. Give a brief over view of your career as a Glazier to date.

(This should include activities and employment history)

3. Give information on additional training, skills updates or workshops attended to improve your industry knowledge.

4. Please give information on any involvement in industry activities such as attendance at Association meetings, member of industry committees, attendance at conferences etc.

5. Please detail your 1st area of expertise. You may supply photos or any other type of support documentation to validate your support your claim. (e.g. letters of thanks, project plans, set outs, working drawings etc.)

Short description: _____

Describe in detail; _____

Attachments Yes No

6. Please detail your 2nd area of expertise. You may supply photos or any other type of support documentation to validate your support your claim. (e.g. letters of thanks, project plans, set outs, working drawings etc.)

Short description: _____

Describe in detail; _____

Attachments Yes No

7. Please list any additional comments or attached information you have included to support your application. (e.g. letters of support, project plans, set outs, working drawings etc.)

Attachments Yes No

AGGA Use only;

APPLICATION RECOMMENDED:

AGGA reviewer comments. Interview completed date; ____/____/2018.

Qualification attached: or Exemption form attached:

References confirmed: Reference 1 Reference 2

Signed: _____ Print Name: _____

APPLICATION NOT RECOMMENDED:

Further information required.

Date required by ____/____/2018.

REVIEWERS COMMENTS:
