

## CERTIFIED 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: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Address:          |        | Time in the industry:                      years                        |  |
| City:             | State: | Post Code:  |  |
| E-mail:           | Phone: | Fax:  |  |
| Position:         |        | Length of time as a Glazier:                      years                 |  |

### QUALIFICATION HELD

|   |                     |   |  |
|---|---------------------|---|--|
| Certificate III Glass and Glazing: No <input type="checkbox"/> Yes <input type="checkbox"/> |                     | If yes Issuing authority:   |  |
| Certificate Number:   | Date of completion: | Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/> |  |

### NO QUALIFICATION HELD (12 MONTH TRANSITION OPTION)

|   |   |   |
|---|---|---|
| I require assistance with RPL: Yes <input type="checkbox"/> No <input type="checkbox"/> | I have commenced RPL process : No <input type="checkbox"/> Yes <input type="checkbox"/> | I have completed AS1288 course Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|---|---|

### INDUSTRY REFERENCES (2) (CONTACT DETAILS ONLY NO REFERENCE LETTERS REQUIRED)

| Name | Business or Company | Phone |
|------|---------------------|-------|
|      |                     |       |
|      |                     |       |

### MEMBERSHIP STATUS (IF APPLICABLE)

Presently a member of: AGGA  IGMA  AGGA State Association  None  Other  \_\_\_\_\_

I am not a member of any of the above associations please send me relevant membership details: Yes  No

**ATTACHED:** COPY OF CERTIFICATE  SUPPORT MATERIAL PICTURES, PLANS ECT  **(EMAILED PASSPORT TYPE PHOTO TO AGGAA)**

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 I agree that my Transition status will be withdrawn if I do not produce a Certificate III in Glass and Glazing within 12 months of this application. I agree to payments of \$100 for my application and \$50 first year fee. (Non-members \$200 application and \$100 annual fee)

|   |                              |   |  |                                  |                           |
|---|------------------------------|---|--|----------------------------------|---------------------------|
| Payee: Employer <input type="checkbox"/> Applicant <input type="checkbox"/> |                              | <b>Payment by Credit card only. If you require other methods please call AGGA to discuss.</b> |  | Credit card details              | Expiry Date    /    /     |
| Name on Credit card   |                              |   |  | Credit card number               | ____ / ____ / ____ / ____ |
| Applicants signature:   |                              |   |  | Application date:    /    / 2018 |                           |
| <b>AGGA use only<br/>DO NOT PUT ANY DATA<br/>IN THIS AREA</b>               | AGGA reviewer                |   |  | Date received:    /    / 2018    |                           |
|   | Date checked:    /    / 2018 | CPD #:  |  |                                  |                           |
|   |                              |   |  | Date issued:    /    / 2018      |                           |

Email completed application portfolio to; [patrick@agga.asn.au](mailto:patrick@agga.asn.au) or  
 Mail to: AGGA CPD Program, 105 Gardenvale Road, Gardenvale, Victoria 3185 or  
 Fax 03 95968079

## Application for Certified Glazier

### Conditions of Application

1. You must have a Certificate III in Glass and Glazing or its equivalent
2. You must still be working in the Glass industry.
3. You must supply all relevant document as required by AGGA to conduct a formal assessment of your application. See check list below.
4. You may be required to attend a telephone interview, should it be deemed necessary
5. You agree that if you have not produced a MSF30413 Certificate III in Glass and Glazing within 12 months of your application being accepted that the Certified Glazier status will be withdrawn until the qualification is produced.
6. You agree to abide by the decision of the AGGA regarding your application.

### Assessment Criteria

Assessment will be by nominated AGGA assessors and will be based on the information you supply. You may then be interviewed via telephone. You will be informed of the decision within 4-5 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](mailto: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 or Recognition of Prior Learning (RPL)?

Trade School  On the job  RPL

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

other explain: \_\_\_\_\_

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

(This should include activities and employment history)

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

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

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5. 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.)

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Attachments    Yes                     No  

6. Any other comments?

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**AGGA Use only;****APPLICATION RECOMMENDED:** AGGA reviewer comments. Telephone interview completed date \_\_\_/\_\_\_/2018. Not required **Transition accepted: Yes**  **No** **If yes**

Transition start date; \_\_\_/\_\_\_/2018 Transition end date; \_\_\_/\_\_\_/2018

**References**References confirmed: Reference 1  Reference 2 

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

**APPLICATION NOT RECOMMENDED:** 

Further information required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date required by \_\_\_/\_\_\_/2018

**REVIEWERS COMMENTS:**

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