

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"/>
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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 I agree that my Transition status will be withdrawn if I do not produce a Certificate III in Glass and Glazing within 12 months of this application.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"/>		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: / /2018	
AGGA use only DO NOT PUT ANY DATA IN THIS AREA	AGGA reviewer			Date received: / / 2018	
	Date checked: / /2018	CPD #:			
				Date issued: / / 2018	

Email completed application portfolio to; 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

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

