

This electronic document has been made interactive for your immediate use. Once you have filled in the appropriate form fields and verified information is correct, please hit the **SUBMIT** button and follow the prompts provided. If you wish to print and manually complete this document please fax it to AusIMM on +61 3 9662 3662 or mail to **PO Box 660 Carlton South Victoria Australia 3053**.

➤ If you are submitting this document by fax or mail please complete the **GREEN** response fields

➤ If you are submitting this document electronically please complete the **ORANGE** response fields

PERSONAL DETAILS

Title: Mr Mrs Ms Miss Dr Other Preferred Mailing Address (please tick): Residential Business

Given Name(s): _____

Last Name: _____

Gender: Male Female DOB: _____ City: _____ State: _____ Postcode: _____

Phone (BH): _____ Phone (AH): _____ Country: _____

Fax: _____ Mobile: _____ Company Name: _____

Email: _____ Position: _____

1. Are you an existing member of The AusIMM? Yes No Current Membership No.: _____
2. Do you hold a current AusIMM Chartered Professional accreditation? Yes No Which disciplines? (if applicable): _____

APPLICATION DETAILS

Please tick all applicable boxes.

- Chartered Professional Accreditation**
I hereby apply for accreditation under Chartered Professional By-law 7 to the discipline of (please tick):
 Environmental Geology Management Metallurgy Mining Geotechnical (Mining)
- Engineering Qualification Assessment**
I hereby apply for Assessment of Qualifications under the Professional Engineers Act 2002 to the discipline of (please tick):
 Environmental Metallurgy Mining Geotechnical (Mining)

ACCREDITATION OF MULTIPLE DISCIPLINES:

Refer to Guideline 6 of the Board of Chartered Professionals (found on the web site). Each application requires a separate application form to be completed with fee payment. Sponsors will be asked to verify the practice of the applicant relevant to the Discipline being assessed.

MEMBER DECLARATION (for Chartered Professional Application ONLY)

- I certify, by signing this application, that
- i I shall abide by the Chartered Professional By-laws, the Chartered Professional guidelines, the Code of Ethics of The AusIMM and any other Code in force in The AusIMM,
 - ii I have not been found to be in breach of the Code of Ethics of The AusIMM or any other professional society,
 - iii I have engaged in a personal program of Continuing Professional Development as detailed in the CP By-laws over the past three years as a minimum relevant to the discipline for which I am applying,
 - iv I acknowledge that I will be required to certify each year, on renewal of my AusIMM membership, that I continue to comply with the criteria in the Chartered Professional By-laws for Continuing Professional Education and Development (CPD) which requires an average of 50 hours each year, calculated over a rolling period of three years, and that I will certify this compliance by submission of my CPD log book when requested by the CP Board,
 - v I agree that my compliance with the CPD requirements as detailed in my log book may be audited,
 - vi I consent to the publication of my title and full name, my AusIMM membership grade, my Chartered Professional discipline and the month and year of accreditation, my full contact details, any other detail about the qualifications and professional experience of the Chartered Professional which the CP Board may consider it is reasonable to include in the register, and
 - vii I understand that if my application for accreditation is declined, I have the right to appeal any administrative matters related to my application to The AusIMM.

NAME: _____ DATE: _____

➤ Signature: _____

➤ I agree to support the aims, objectives and By-laws of The AusIMM
(Please tick box if you agree)

The Australasian Institute of Mining & Metallurgy ARBN 052 181 174 ABN: 59 836 002 494 Ground Floor, 204 Lygon Street, Carlton, Victoria Australia 3053
Phone: +61 3 9658 6100 | Fax: +61 3 9662 3662 | Website: www.ausimm.com | Postal Address: PO Box 660 Carlton South, Victoria Australia 3053

APPLICANT DECLARATION (for Engineering Qualification Assessment ONLY)

In support of my application for assessment of qualifications and competencies for registration as a Registered Professional Engineer of Queensland, I, _____, declare that the information I have provided in this application form and in any documents submitted with this application form are true and correct in every particular and I have made claims of acquired competencies in good faith.

NAME: _____ DATE: _____

➤ Signature: _____

➤ I agree to be bound by the requirements under the Professional Engineers Act 2002

(Please tick box if you agree)

SPONSOR DETAILS

Application for assessment of qualifications

Each applicant for accreditation shall furnish with the application form the names and contact details of three sponsors who shall be professionals and independent assessors who are in a position to assess the applicant's work.

The CP Board has established the following guidelines for sponsors:

1. Each sponsor should have worked with the applicant for more than 12 months.
2. Only one sponsor can comment on the applicant's current workplace*
3. The other two sponsors should be:
 - a. from other organisations, clients or previous employers; and
 - b. from different stages of your career excluding your current workplace;
 - c. if these two sponsors are from the same organisation they should be able to cover off different periods of your employment

* Applicants who may not be able to fulfil this requirement are asked to contact The AusIMM membership department

The Chartered Professionals Board of The AusIMM, at its entire discretion, may request a confidential report from the sponsors in such a form and content as it may decide from time to time. Sponsors can be an AusIMM Chartered Professional or other Professionals who the AusIMM CP Board deem to have the equivalent of Chartered Professional status.

I submit my sponsors' details as follows (The AusIMM secretariat will contact your sponsors directly to elicit a referee statement):

Please note that we will provide your sponsors with a copy of your CV.

CONTACT DETAILS OF SPONSOR NO.1

Title: Mr Mrs Ms Miss Dr Other _____
 First Name: _____
 Last Name: _____
 Company: _____
 Position: _____
 Phone (AH): _____ Mobile: _____
 Email: _____

If Sponsor holds The AusIMM CP status, please nominate discipline (please tick):

- Environmental Geology Metallurgy Mining
 Geotechnical (Mining) Management

What is your relationship with this sponsor (e.g. manager, colleague etc)

How long has this sponsor known you professionally? (minimum 12 months)

CONTACT DETAILS OF SPONSOR NO.2

Title: Mr Mrs Ms Miss Dr Other _____
 First Name: _____
 Last Name: _____
 Company: _____
 Position: _____
 Phone (AH): _____ Mobile: _____
 Email: _____

If Sponsor holds The AusIMM CP status, please nominate discipline (please tick):

- Environmental Geology Metallurgy Mining
 Geotechnical (Mining) Management

What is your relationship with this sponsor (e.g. manager, colleague etc)

How long has this sponsor known you professionally? (minimum 12 months)

CONTACT DETAILS OF SPONSOR NO.3

Title: Mr Mrs Ms Miss Dr Other _____
 First Name: _____
 Last Name: _____
 Company: _____
 Position: _____
 Phone (AH): _____ Mobile: _____
 Email: _____

If Sponsor holds The AusIMM CP status, please nominate discipline (please tick):

- Environmental Geology Metallurgy Mining
 Geotechnical (Mining) Management

What is your relationship with this sponsor (e.g. manager, colleague etc)

How long has this sponsor known you professionally? (minimum 12 months)

STATEMENT OF COMPETENCY

The AusIMM Chartered Professional guidelines require that all applicants:

- have a minimum of five years of relevant professional experience in the discipline for which the person seeks Chartered Professional accreditation;
- fulfil the relevant criteria set out in The AusIMM Chartered Professional By-laws and Guidelines relevant to the discipline or disciplines being applied for.

To assist in the assessment process all applicants are asked to complete the following two page statement outlining how your education, training and work experience qualifies you for recognition of competency in your selected discipline or disciplines. In preparing this statement it is highly recommended that you reference the relevant guidelines available on the AusIMM website - http://www.ausimm.com.au/content/docs/cp_bylaws.pdf and include several examples from your work experience which demonstrate application of your skills and competency.

STATEMENT

(Please continue on next page)

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STATEMENT

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PAYMENT DETAILS: (PAYMENT MUST ACCOMPANY THIS APPLICATION FORM)

I attach my payment for the payment of: Engineering Qualification Assessment New Chartered Professional applicant
Please refer to website for details. Current Chartered Professional applicant

Cheque – Please make cheques payable to: The Australasian Institute of Mining and Metallurgy, at PO Box 660 Carlton South Victoria, Australia 3053.
Australian currency (AUD) cheques only (**Cheque payments available to mailed applicants only**).

Credit Card – Please debit my VISA MASTERCARD AMEX DINERS CARD

Card Number: _____ Card Expiry: _____ Amount: AUD \$ _____

Cardholder Name: _____

➤ Cardholder Signature: _____

➤ I authorise this transaction
(Please tick box if you agree)

APPLICATION CHECK LIST

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Personal details completed | <input type="checkbox"/> 4. Attached copy of CV | <input type="checkbox"/> 7. Provided certified copy of degree
(Non-AusIMM Members ONLY) |
| <input type="checkbox"/> 2. Application details completed | <input type="checkbox"/> 5. Provided sponsor details | 8. Provided a copy of your current professional
development logbook |
| <input type="checkbox"/> 3. Accepted terms and conditions of Applicant Declaration | <input type="checkbox"/> 6. Provided payment details | |

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mail to **PO Box 660 Carlton South VIC Australia 3053** along with this
completed form.

➤ If you are submitting this document electronically:
Please attach an electronic copy of the relevant documentation
Once this form has been completed, **SUBMIT THIS FORM** then attach
an electronic copy of the relevant documentation to the submission email.

➤ **Once this form has been completed, please verify information given is correct, and fax or mail to:**

Postal Address: The Australasian Institute of Mining and Metallurgy, PO Box 660 Carlton South Victoria Australia 3053
Fax: (Att. Chartered Professional Secretariat) +61 3 9662 3662

➤ **Once this form has been completed, please verify information given is correct, and**

▶ **SUBMIT THIS FORM** 