



Form 1: Application for AFFSAB Certification

Part 1: Applicant's Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Rank/Title:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Phone:	<input type="text"/>	Discipline:	<input type="text"/>
Email:	<input type="text"/>		

Part 2: Certification Pre-Requisite Criteria *(please include copies of supporting documentation)*

Police Training Package Graduate Certificate Code No:

Completion Date: Equivalence Assessment being sought? Yes No

Years of experience in analysing major/serious and complex crime:

Supporting statement attached? Yes No If not, is a statement explaining why attached? Yes No N/A

Part 3: Requested Assessment Dates

Written Assessment: Practical Assessment:

Oral Assessment:

Nominated Jurisdictional Contact:

Part 4: Approval

Applicant Agreement

I hereby agree to:

- comply with the certification requirements
- supply any information required for the assessment process
- adhere to the AFFSAB Code of Ethics and Professional Conduct

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Name	Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Head of Organisation Name	Head of Organisation Signature	Date

Please send this application form and any attachments to secretariat.nifs@anzpaa.org.au or the following address no less than 3 months prior to the first assessment date proposed above:

Chair
 Australasian Forensic Field Sciences Accreditation Board
 Level 6, Tower 3, World Trade Centre
 637 Flinders Street
 Docklands, VIC 3008



AFFSAB Use Only

Date Received: External Assessor Selected Yes Examination Sent Yes