



Form 1: Application for AFSAB Certification

Part 1: Candidate'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

* Provide details of any component of the AFSAB assessment process previously passed.

Part 3: Requested Assessment Month (please provide preferred month & year for the following assessments)

Written Assessment: Practical Assessment:

Oral Assessment: Note: Written and Practical Assessments may be conducted within the same week. The Oral Assessment should be scheduled 6 weeks after the Practical Assessment.

Nominated Jurisdictional Contact:

Nominated Internal Assessor:

Nominated Internal Assessor:

Part 4: Approval

Candidate Agreement

I hereby agree to:

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Candidate Name	Candidate 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 no less than 3 months prior to the first assessment date proposed above.



AFSAB Use Only

Date Received: External Assessor Selected Yes Examination Sent Yes