



Form 3: Application for Annual Recertification

Application and Recommendation for Recertification by Applicant's Supervisor
(Where **not** proposed for recertification, a report detailing the circumstances must be attached)

The applicants have maintained competence and successfully completed an annual proficiency test as determined by this jurisdiction and are recommended for recertification for a further period of 12 months.

Applicant Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the applicant's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the applicant as an internal proficiency test?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Applicant Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>	
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Initial of Supervisor



Applicant Details

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the applicant's test results provided directly to the provider? Yes No

Was this test completed by the applicant as an internal proficiency test? Yes No

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
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Result:	<input type="text"/>		

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Was this test completed by the applicant as an internal proficiency test? Yes No

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

Were the applicant's test results provided directly to the provider? Yes No

Was this test completed later the applicant as an internal proficiency test? Yes No

Initial of Supervisor



Applicant Details

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

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Was this test completed by the applicant as an internal proficiency test? Yes No

Applicant Details

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
Provider:	<input type="text"/>		
Result:	<input type="text"/>		

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Was this test completed by the applicant as an internal proficiency test? Yes No

Applicant Details

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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Test Number:	<input type="text"/>	Test Type:	<input type="text"/>
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Initial of Supervisor



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Discipline:	<input type="text"/>	Jurisdiction:	<input type="text"/>	
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Provider:	<input type="text"/>			
Result:	<input type="text"/>			
Were the applicant's test results provided directly to the provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this test completed by the applicant as an internal proficiency test?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and Recommendations

Supervisor Comments (if applicable):

<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor Name	Supervisor Signature	Date

Head of Organisation Comments (if applicable):

<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:

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

AFFSAB Use Only: Recertification Approved

<input type="text"/>	<input type="text"/>	<input type="text"/>
AFFSAB Chair Name	AFFSAB Chair Signature	Date