



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"/>		Application Date:	<input type="text"/>

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

Police Training Package Graduate Certificate Code No:	<input type="text"/>		
Completion Date:	<input type="text"/>	Equivalence Assessment being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years of experience in analysing major/serious and complex crime:			
<input type="text"/>			
Supporting statement and copy of qualification attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, is a statement explaining why attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> N/A
<small>* Provide details of any component of the AFSAB assessment process previously passed.</small>			

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

Written Assessment:	<input type="text"/>	Practical Assessment:	<input type="text"/>
Oral Assessment:	<input type="text"/>	<small>Note: Written and Practical Assessments should be conducted at least a week apart. The Oral Assessment should be scheduled 6 weeks after the Practical Assessment.</small>	
Nominated Jurisdictional Contact:	<input type="text"/>		
Nominated Internal Assessor:	<input type="text"/>		
Nominated Internal Assessor:	<input type="text"/>		

Part 4: Approval

Candidate Agreement

I hereby agree to:

- comply with the certification requirement
- supply any information required for the assessment process
- adhere to the AFSAB Code of Ethics and Professional Conduct
- sign a Deed of Confidentiality restricting the disclosure of AFSAB information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Candidate Name	Candidate Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
ANZFEC Member Name	ANZFEC Member Signature	Date

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

AFSAB Use Only: Application Approved

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