



Form 1: Application for AFSAB Certification



* Application for New candidates – complete all sections * Application for Existing candidates – complete Part 1, 4, 5

PART 1: Candidate Details

Family Name: Given Name:

Email:

Jurisdiction: Discipline:

Application status (new/resit): Application Date:

PART 2: Certification Pre-Requisite Criteria *(please provide copies of supporting documentation including qualification)*

Police Training Package (POLTP) Code: Completion Date:

Equivalence Assessment being sought? Yes No

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

PART 3: Nominated Contact/Assessors

Nominated Jurisdictional Contact:

Nominated Internal Assessor:

Nominated Internal Assessor:

PART 4: Assessment Dates (preferred month/year)

Note: Practical Assessment should be scheduled at least 2 weeks after the Written Assessment. The Oral Assessment should be scheduled at least 6 weeks after the Practical Assessment.

WRITTEN New Resit Complete (competent) Proposed date for new/resit:

PRACTICAL New Resit Complete (competent) Proposed date for new/resit:

ORAL New Resit Proposed date for new/resit:

PART 5: Candidate Agreement and ANZFEC Approval

Candidate Agreement

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

<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 attachments to secretariat.nifs@anzpaa.org.au
no less than 3 months before the first proposed assessment proposed date.

AFSAB USE ONLY: Application approved to proceed: Yes No

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