

AIR APPLICATION FOR PROVISIONAL ACCREDITATION

OFFICE USE ONLY

Application No. _____

Date processed _____

Receipt No. _____

AIR staff member _____

PROVISIONAL ACCREDITATION NOTICE

A Provisional Statement of Accreditation will cost the applicant \$A20.00 plus \$A2.00 GST. In order to assist Course Co-Ordinators, the following procedure should be followed.

- 1 Application form completed by the applicant.
- 2 The applicant completes the tear-off remittance advice and forwards this to the AIR Secretariat with payment of \$A22.00.
- 3 Application form validated by the Course Co-Ordinator.
- 4 Provisional Accreditation will be issued to those applicants whose remittance and correctly completed application is received.
- 5 No Provisional Statement will be issued until payment is received.

D K D Collier
Executive Officer



AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

Application for
PROVISIONAL ACCREDITATION

PO BOX 1169 COLLINGWOOD
VICTORIA 3066
AUSTRALIA

Tel (03) 9419 3336 Fax (03) 9416 0783
Email air@air.asn.au
Website www.air.asn.au

AIR Registered Office
32 Bedford Street Collingwood Victoria 3066 Australia

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

Application for

PROVISIONAL ACCREDITATION

Surname _____ Date of birth __ __/ __ __/ __ __

Maiden name _____

Given names _____

Title (circle one) Mr Mrs Ms Other

Address _____

Town/Suburb _____ State _____ Postcode _____

Tel (W) _____ Tel (H/M) _____

Email _____

Academic institution attended _____

Qualification obtained _____ Year _____

FOR AUSTRALIAN GRADUATES

Validation by the University Course Co-Ordinator of the university at which the application has successfully completed the course.

OFFICE USE ONLY

Provisional No. _____ Date operative __ __/ __ __/ __ __

Signed _____ Expiry date __ __/ __ __/ __ __

Provisional Accreditation sent to –

Applicant Other

Mailed on __ __/ __ __/ __ __

I am an International student and will require a Skills Assessment letter for Immigration purposes.

DECLARATION

This is to certify that _____
Applicant's name

Has satisfactorily completed all requirements and will be recommended for the award of:

Name of Award _____

Name of University _____

RECOMMENDED FOR PROVISIONAL ACCREDITATION

Date recommended __ __/ __ __/ __ __

Diagnostic

Therapy

Mammography only

Signed _____

University Co-Ordinator / PAEB Representative

Date __ __/ __ __/ __ __

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

PROVISIONAL ACCREDITATION

REMITTANCE ADVICE

This section must be mailed by the applicant with required remittance to Executive Officer

Australian Institute of Radiography
PO BOX 1169 Collingwood Victoria 3066 Australia

Surname _____

Given names _____

Title (circle one) Mr Mrs Ms Other

Address _____

Town/Suburb _____ State _____ Postcode _____

Tel (W) _____ Tel (H/M) _____

Email _____

Application for the issue of

PROVISIONAL ACCREDITATION

(Required before commencement of PDY / Intern Year)

COST \$A20.00 plus \$A2.00 GST must accompany this application

NOTE Application forms will be signed by the University Co-Ordinator and forwarded to the AIR Secretariat where Provisional Accreditation will be issued to those who have paid the required fee.

Enclosed cheque for \$A22.00

OR charge cost to Visa MasterCard Amex

Name of cardholder (print) _____

Card No. _____

Expiry date __ __/ __ __

Signature of cardholder _____