

Office use only:

AStat - Application for Re-Accreditation

Name:			
	<i>Title</i>	<i>Surname:</i>	<i>Given name</i>
Address:			
	<i>Street name and number</i>		
	<i>Suburb/locality</i>		
	<i>State</i>	<i>Postcode</i>	
Email:			
Telephone:		Web Site:	
Fax:		SSAI Branch:	

Accredited Statisticians shall provide to the Accreditation Committee every five years including any years of cessation of membership of the Society or accredited membership, a summary of their activities in that five years to demonstrate at least continuing contact/involvement with Statistics and the practice of Statistics appropriate to them, plus the name of 1 referee to be contacted if desired. As stated in the Accreditation Rules and Regulations, the Committee will discount temporary interruptions to employment, and parental leave. Provision of comprehensive information requested below will ensure that your application is processed in a timely manner.

Continuing role as a Statistician

Please provide **specific details** of positions held in the last 5 years relevant to this application. Indicate the **nature of the work and the level of responsibility taken** for the statistical content of your own work and of those you are supervising. Provide an indication of numbers of reports to clients and published papers during that period (continue on separate sheet if necessary). Any temporary interruptions to employment, and parental leave should be indicated.

Position and Duration	Details of responsibilities and activities

Professional Development Activities

Please provide **specific** details of (up to 10) activities, and the frequency of undertaking these activities, in the 5 years prior to this application to demonstrate your personal professional development as a statistician. (Examples: attendance at conferences, courses, workshops, seminars, Branch meetings; teaching/training activities, reading the literature, refereeing and editing, structured discussion meetings, mentoring, writing reports/papers).

Professional development activities	Frequency
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Referee

Please nominate one referee who can comment on your professional competence from first hand knowledge of your statistical work. Where considered necessary, the Accreditation Committee may contact your referee for a report on your application for re-accreditation.

Name:

Address:

Email:

Telephone:

Fax:

Declaration

- *I certify that the information provided in this application form is true and correct.*
Accredited Statisticians are listed on the SSAI's web site unless they decline.
- *I agree / disagree (delete one) to have my name included on the web site.*

Signature: _____ Date: ____/____/____

The completed form should be returned to:
Chair, Accreditation Committee
Statistical Society of Australia Inc
PO Box 213
BELCONNEN ACT 2616

Fax: (02) 6251 0204
Email: eo@statsoc.org.au