

APPLICATION FOR 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:		SSAI Membership No:	
Fax:		SSAI Branch:	

Please summarise your claims for accreditation referring to the accreditation criteria in the information sheet. Include a summary of professional positions held, including honorary positions.

Please provide details of study with a substantial statistical content. Include title of degree, honours level (if applicable), awarding institution, year awarded and brief summary of the statistical content. If known, specify the proportion of credit points for statistical subjects within each year of study. Please provide a certified copy of your academic qualifications.

Please provide details of up to five recent publications, reports or other materials, which best demonstrate your level of competence in the application of statistical methods. Candidates must have taken responsibility for the statistical content of their work for at least three years of the qualification period, so it is important that you summarise your statistical contribution to those publications or reports that are jointly authored. Copies of at least two of these publications or reports should be included with your application.

PRACTICAL EXPERIENCE AS STATISTICIAN

Please provide details of current and previous positions 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 that of those you are supervising (continue on separate sheet if necessary).

Position and Duration	Details of responsibilities and activities

REFEREES

Please nominate two referees who may be approached by the SSAI. Both of these should be able to comment on your professional competence from first hand knowledge of your statistical work. (One of these should be a statistician of seniority in the profession.)

	First Referee (Senior Statistician)	Second Referee
Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Telephone :	<input type="text"/>	<input type="text"/>
Fax:	<input type="text"/>	<input type="text"/>

DECLARATION

I certify that the information provided in this application form is true and correct. If my application to be a Accredited Statistician is successful I agree by the Code of Conduct of the SSAI. It is intended to list Accredited Statisticians on the SSAI’s web site unless they object. I agree/disagree (delete one) to have my name included on the web site.

Signature: _____ Date: ____/____/____

The completed form, plus accompanying material, and an application fee of \$220 incl. GST (\$200 for non-Australian residents), should be returned to:

**Chair, Accreditation Committee
 Statistical Society of Australia Inc.
 PO Box 213
 BELCONNEN ACT 2616 Fax: (02) 6251 0204**

Method of Payment of \$220 (including GST application fee (\$200 for non-Australian residents))

Cheque Money Order Bankcard MasterCard Visa

Cheques and money orders should be made payable to the *Statistical Society of Australia Inc.* and stamped “*Not negotiable*”. (ABN 82 853 491 081)

Card number _____/_____/_____/_____ Expiry date ____/____

Name on card _____ Cardholders Signature _____