



Surveying & Spatial Sciences Institute

General Re-certification Application Pack

SSSI General Certification Panel



Surveying and Spatial Sciences Institute
ABN: 22 135 572 815

Spatial Information and Cartography · Land Surveying · Engineering and Mining Surveying · Remote Sensing and Photogrammetry · Hydrography

Thank you for taking an interest in renewing your SSSI General Certification. This General Recertification Application Pack contains all the information you need to renew your SSSI General Certification. We commend you for taking this voluntary step forward in your professional development.

Please note that if you are a full member of SSSI, then by completing your annual CPD requirements for membership, your General Certification will be automatically renewed. Only non-members of SSSI are required to submit an application for Re-Certification.

For an application for SSSI General Re-certification to be considered by the SSSI General Certification Panel it must be complete and contain all the information detailed within the General Certification Guidelines and on the forms provided. The Guidelines contain tips and strategies that will help to make the application process easier for you and enables the SSSI General Certification Panel to consider your application in a timely manner. It is important that you provide the all information asked for and adhere to the process detailed in the Guidelines. Deviations or omissions may jeopardize or seriously delay the processing of your application and your overall certification.

Full payment must accompany your completed SSSI General Re-certification application. Your application will not be considered if payment is not made. We note that SSSI members enjoy a significant discount on the full payment.

We ask that applicants be honest, critical, and inquisitive. If questions or issues arise, please do not hesitate to contact a SSSI staff member or to visit the website at www.sssi.org.au

Thank you very much for your participation.

Regards

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APPLICANT DETAILS

Name: _____

(If accepted, this is how your name will appear on your certificate)

Job Title: _____

Organisation: _____

SSSI Membership No. (if applicable) _____

Office: (Tick Office/Home to indicate preferred correspondence address)

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Home:

Address: _____

City: _____ State: _____ Postcode: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ **Date:** _____

The information contained within this application is to the best of my knowledge, truthful and valid. Any discrepancy may result in the removal of this application from consideration. I authorise SSSI General Certification Panel members to take any necessary steps to verify the claims made within.

Section 1

Continuing Professional Development Component

NO STAPLES, PAPER CLIPS, or OTHER FASTENERS are to be included in the portfolio. All items should be grouped together loosely and sent in a pocket folder.

Insert 1

TOTAL CONTINUING PROFESSIONAL DEVELOPMENT POINTS		

* This total must be at least 30 in order to qualify for general recertification.

Continuing Professional Development - Achievement Documentation

NO STAPLES, PAPER CLIPS, or OTHER FASTENERS are to be included in the portfolio. All items should be grouped together loosely and sent in a pocket folder.

Insert 2

PAYMENT FORM

Surveying & Spatial Sciences Institute
PO Box 307, Deakin West
ACT, 2600 Australia
ABN 22 135 572 815

First Name _____ Last Name _____

Job Title _____

Organization _____

Address _____

City _____ State _____ Postcode _____ Country _____

Phone _____ Fax _____

Email _____

Recertification Fee: **SSSI Members Recertification - \$75 (upon renewal of SSSI (full) membership)**
 Non-Members Recertification - \$500 (per year)

Payment Information Fees must be received in full before an application will be considered. Cheques are to be made payable to SSSI in Australian dollars drawn on an Australian Bank

VISA* MasterCard*

Credit Card # _____

Exp Date: ____/____ CCV No. _____ (3 digit number on back of card)

Name on Card : _____

Signature for Credit Card: _____

**Credit card payments attract a 1% surcharge*

This form becomes a Tax Invoice upon payment. Please retain a copy for your records. All fees quoted are GST Inclusive.

Mail to:
SSSI General Certification Panel
Surveying & Spatial Sciences Institute
PO Box 307
Deakin West ACT 2600 Australia