

# 2024 Fellowship application form



Australian Institute of Architects

Fellowship is awarded to those who have demonstrated a significant contribution to the architecture profession both within and beyond architecture practice.

Please complete this form, attach your current CV any further documentation to support your application, and submit it to your local Chapter.

1800 770 617

membership@architecture.com.au

## Personal Information

Member Number*	Title*
Given Name/s*	
Surname*	
Preferred Name	D.O.B.*
Home Address*	
Suburb*	
Postcode*	
Country	
Contact number*	
Email*	

## Criteria for elevation

### 1. Time:

A minimum of 12 years as a Voting Member. Only years of membership at Member or Associate category are counted. Chapter Councils may consider a lesser period of membership as a special case

### 2. Contribution:

Evidence of a significant contribution to the profession; and

### 3. Endorsement:

Recommendation and endorsement of reasons for elevation by two Voting Members. In the case of overseas members, two short references of no more than 300 words, written by Voting Members of the Institute, must also accompany the application.

## Advancement to Fellowship - National Council Policy Resolution

Guidance notes for the applicant

Fellowship is to recognise a level of achievement within the architectural profession. Therefore it applies similarly to generalists, specialists and academics. Fellowship should be regarded as a privilege, not a right. Chapters have some latitude in their interpretation of the contribution criteria of the submission; however, they should ensure that sufficient information is provided to demonstrate that the intent of Fellowship is satisfied. To demonstrate their significant contribution to the profession candidates should provide the following supporting information:

### a) Gaining of Significant Experience in the Practice of Architecture

For broad experience the candidate should supply a C.V. indicating employment, types of projects and their professional role to demonstrate their experience across the full range of architectural activity. For specialist experience, the C.V. should indicate their expertise in any area of architecture activity.

### b) Significant Service to the Profession or Community

The candidate should supply details of their service to the community and profession through participation in organisations or groups such as the Institute, AACA, government, schools, community, other professional bodies, media, church etc. or through any other method. All details of service are of assistance to Chapter Council in assessing an application for elevation.

\* These notes are provided for guidance only.

## Nomination by two Voting Members

(Member, Associate, Fellow or Life Fellow)

We, the undersigned Voting Members of The Australian Institute of Architects, do from our personal knowledge, hereby recommend and endorse the reasons for elevation of the applicant to Fellowship and have attached a written reference (in the case of an overseas applicant):

### Voting member

Member Number*
Membership Category*
Title*
Given Name/s*
Surname*
Home Address*
Suburb*
Postcode*
Signature*
Date*

### Voting member

Member Number*
Membership Category*
Title*
Given Name/s*
Surname*
Home Address*
Suburb*
Postcode*
Signature*
Date*

**Gaining of significant experience in the architecture profession.**

**Please attach your CV and any additional documentation which may assist with your application.**

**Evidence of a significant contribution to the profession**

**General - any relevant material to support your application**

**Recommended by  
Chapter Council**

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> ACT           | <input type="checkbox"/> SA  |
| <input type="checkbox"/> NSW           | <input type="checkbox"/> TAS |
| <input type="checkbox"/> NT            | <input type="checkbox"/> VIC |
| <input type="checkbox"/> QLD           | <input type="checkbox"/> WA  |
| <input type="checkbox"/> International |                              |

**Chapter President**

Signature\* \_\_\_\_\_

Date of Meeting\* \_\_\_\_\_

**National Membership Officer**

Receipt: \_\_\_\_\_

Date: \_\_\_\_\_