

Application for Recognition of Prior Service and/or Additional Qualifications

Applicant Details			
Given Name		Family Name	
AGS		Email	

Recognition of Prior Service		
Employer	Role	PDF of Statement of Service attached
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Recognition of Additional Qualifications		
Qualification	Institution	PDF of Final Academic Transcript attached
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Applicant Signature			
Signature		Date	

Email copy of signed report to DETcontracts-rosters@act.gov.au