**ACADEMIC STAFF QUALIFICATION EQUIVALENCE ASSESSMENT APPLICATION FORM**

# Purpose of Assessment:

[ ]  Appointment (continuing and fixed term position)

[ ]  Academic Promotion

# SECTION 1: Personal Details & AQF Level Being Assessed

First Name Surname

Staff ID number (if applicable) Email Address

Current Academic Level (e.g. Level B, if applicable) Academic Level Sought

School

Appointment Panel Chair / Promotion Applicant’s Supervisor

Current Highest AQF Qualification Level Held (e.g. Bachelor Degree)

Level of AQF Equivalence Sought

# SECTION 2: Equivalence of Qualification Evidence

Please provide a Statement of Evidence for the Qualification Equivalence Assessment Panel which outlines how you consider your knowledge, skills and the application of these, contribute to equivalence against the [AQF level](https://www.aqf.edu.au/) being sought.

Clauses 28-30 of the [Academic Staff Qualifications and Expectations Procedure](https://policy.csu.edu.au/document/view-current.php?id=238) outline the qualification equivalence assessment criteria. The list provided in the Procedure is based on the TEQSA guidance note on [Determining Equivalence of Professional Experience and Academic](https://www.teqsa.gov.au/sites/default/files/guidance-note-determining-equivalence-of-professional-experience-and-academic-qualifications-v2-2-web.pdf?v=1581307973)  [Qualifications version 2.2, 11 October 2017.](https://www.teqsa.gov.au/sites/default/files/guidance-note-determining-equivalence-of-professional-experience-and-academic-qualifications-v2-2-web.pdf?v=1581307973)

Maximum 500 words/ 4000 characters.

# SECTION 3: Curriculum Vitae (CV)

Please attach an up-to-date CV which highlights evidence of leadership and standing in the profession or discipline.

# SECTION 4: Supervisor / Recruitment Panel Chair Recommendation

Based on the evidence provided equivalence to AQF level

[ ]  Not Recommended

[ ]  Recommended to

Summary and Rationale for the recommendation (maximum 500 words/ 4000 characters.):

Signature Date Click or tap to enter a date.

Name

Position

# SECTION 5: Qualification Equivalence Assessment Panel Decision:

Based on the evidence provided equivalence to AQF level is

[ ]  Not Approved

[ ]  Approved to

Summary and Rationale for the decision (maximum 500 words/ 4000 characters.)

Signature Date Determined Click or tap to enter a date.

Name (QEAP Chair)