



MASTER GLAZIER PROGRAM APPLICATION AND PORTFOLIO

APPLICANT INFORMATION

Family Name:	Given Name:	
Date of birth:	E-mail:	Phone:
Current address:		
City:	State:	Post Code:

EMPLOYMENT INFORMATION

Current employer:	Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Time in the industry: years	
City:	State:	Post Code:
E-mail:	Phone:	Fax:
Position:	Length of time as a Glazier: years	

QUALIFICATION HELD

Certificate III Glass and Glazing: No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes Issuing authority:	
Certificate Number:	Date of completion:	Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/>
Certificate IV Glass and Glazing: No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes Issuing authority:	
Certificate Number:	Date of completion:	Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/>

OTHER QUALIFICATIONS

Name:	Issuing authority:	Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/>
Name:	Issuing authority:	Copy attached: No <input type="checkbox"/> Yes <input type="checkbox"/>

INDUSTRY REFERENCES (2) (CONTACT DETAILS ONLY NO REFERENCE LETTERS REQUIRED)

Name	Business or Company	Phone

I authorize the verification of the information provided on this form as to my employment and qualification status prior to my acceptance onto the AGWA Master Glazier program. (Non-members also incur a \$100 annual fee for membership)

Applicants signature:	Date: / /
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AGWA use only DO NOT PUT ANY DATA IN THIS AREA	AGWA reviewer			
	Date received: / /	Date checked: / /	CPD #:	Date issued: / /

Email completed application portfolio to: training@agwa.com.au or

Mail to: AGWA Master Glazier Program, Suite 1, Level 1, Building 1, 20 Bridge Street Pymble NSW 2073



MASTER GLAZIER PROGRAM APPLICATION

Application Checklist

Received by AGWA

<input type="checkbox"/>	Certificate III in Glass and Glazing (or equivalent)	
<input type="checkbox"/>	Evidence of years working in industry (see written career overview in portfolio or contact details of a referee)	
<input type="checkbox"/>	Evidence of current employment in industry (see employment information in application)	
<input type="checkbox"/>	Industry Referee #1 contact details This person will be able to be contacted by AGWA to validate your skill and industry experience	
<input type="checkbox"/>	Industry Referee #2 contact details This person will be able to be contacted by AGWA to validate your skill and industry experience	
	Specialisation #1 _____	
	Specialisation #2 _____	
<input type="checkbox"/>	Head and shoulders photograph suitable for ID card.	

You will be awarded a status based on your qualifications and time in industry based on the criteria below:

MASTER GLAZIER: 10+ years experience in the industry, Certificate III Glass and Glazing qualifications (or equivalent) and support from 2 industry references

CERTIFIED GLAZIER: 6+ years experience in the industry and support from 2 industry references

FOUNDATION GLAZIER: 4+ years experience in the industry and Certificate III Glass and Glazing qualifications

Please forward all required documents to training@agwa.com.au

Assessment Criteria

Assessment will be by nominated AGWA assessors and will be based on the information you supply. You may also be contacted for an interview via telephone. You will be informed of the decision within 4-5 weeks of your application.

If you are not successful with your application AGWA will inform you of what additional information is required to finalise your application.



MASTER GLAZIER



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Applicant Checklist

Please ensure you understand and have read through this checklist and have answered all the required questions in the Portfolio. Then send the completed application form and portfolio to AGWA:

Please tick the boxes on each of the following statements then sign this form.

- I have read and agree to the conditions of application and assessment process as outlined above.
- I confirm that the information supplied in this application is true to the best of my knowledge and that the work-related attachments refer to my work in the glass industry.
- I agree to AGWA using my photograph for promotion of the Master Glazier Program

Family Name: _____

Given Name: _____

Signature: _____

Date: ____ / ____ / ____

AGWA USE ONLY

APPLICATION ACCEPTED APPROVED NOT APPROVED

References Confirmed

Reference #1

Date Contacted: _____

Reference #2

Date Contacted: _____

MASTER GLAZIER

CERTIFIED GLAZIER

FOUNDATION GLAZIER

Reviewer Comments:

Reviewer Name:

Signature:

Date:



**MASTER
GLAZIER**



AUSTRALIAN
**GLASS &
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ASSOCIATION

PORTFOLIO COVER PAGE

Name: _____

1. Give a brief overview of your career as a Glazier to date.

(This should include activities and employment history (including dates) and any additional Licenses or Qualifications you hold)

SPECIALISATION / AREA OF EXPERTISE

Please identify 2 areas of specialisation or areas of expertise that you would like to be associated with. We recognize that many Glaziers do a wide variety of work but what are the two areas that you have had the most experience in or are the most skilled at?

Some examples of specialization include:

Window repair and replacement
Shower Screens
Pool fencing
Balustrades
Splashbacks
IGU manufacturing/installation

Frameless Assemblies
Window fabrication
Glass Processing
Glazing Repair and Replacement
Commercial façade



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GLAZIER**



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SPECIALISATION / AREA OF EXPERTISE #1

Area of Expertise #1 _____

Years of experience with this area of glass and glazing: _____

Main Expertise Experience:

SPECIALISATION / AREA OF EXPERTISE #2

Area of Expertise #2 _____

Years of experience with this area of glass and glazing: _____

Main Expertise Experience:
