

REGISTERED QUANTITY SURVEYOR

APPLICATION FORM



This application form is to be completed by NZIQS members applying for Registered Quantity Surveyor status.

For information on the criteria to become a Registered QS, the CPD accreditation scheme and to download the CPD diary, visit the webpage: <http://www.nziqs.co.nz/Membership/Apply/RegisteredQuantity-Surveyor>



Once registered, you can use the term 'Registered Quantity Surveyor' or Reg QS and the Registered QS logo on your individual business correspondence.

The NZIQS Council will approve your Registered Quantity Surveyor status depending on your qualifications and QS experience and you will be formally notified of the Council decision. You will be invoiced the annual fee once your Reg QS status is confirmed.

CONTACT US

For any queries relating to completing this application please contact office@nziqs.co.nz or call 04 4735521.

YOUR DETAILS

Title	<input type="text"/>	Mailing Address*	<input type="text"/>
First name*	<input type="text"/>		<input type="text"/>
Middle name(s)	<input type="text"/>	City*	<input type="text"/>
Last name*	<input type="text"/>	Postcode*	<input type="text"/>
Preferred Name	<input type="text"/>	Country*	<input type="text"/>
<small>(If you prefer another name than your first name to be used for correspondence)</small>		Street Address	<input type="text"/>
		<small>(If different to Mailing)</small>	
		City*	<input type="text"/>
		Postcode*	<input type="text"/>
		Country*	<input type="text"/>

YOUR CONTACT DETAILS

Email*	<input type="text"/>	Home phone	<input type="checkbox"/>	<input type="text"/>
Secondary email address	<input type="text"/>	Business Direct	<input type="checkbox"/>	<input type="text"/>
		Business Phone	<input type="checkbox"/>	<input type="text"/>
		Mobile Phone	<input type="checkbox"/>	<input type="text"/>

NZIQS MEMBERSHIP

Member (MNZIQS)
Associate (ANZIQS)
Fellow/Life (FNZIQS)

OTHER MEMBERSHIP

MRICS
Other (name)

Date Awarded

NOTE: If you were granted MNZIQS status less than 3 years ago you may not be eligible for Registered Quantity Surveyor status. Please check the website for eligibility criteria:

<http://www.nziqs.co.nz/Membership/Apply/Registered-Quantity-SurveyorRegistered-Quantity-Surveyor>

EMPLOYMENT DETAILS

Employer/Organisation (Name of company you work for)

Job Title

QS QUALIFICATIONS COMPLETED

NZIQS Office sighted Qualifications

1. Date Awarded

2. Date Awarded

WORK EXPERIENCE

Please attach a full CV that includes employers, location, position held, dates, and details your QS experience with each employer.

CPD ACCREDITATION

Current CPD Accreditation expires

Or I have applied for CPD Accreditation

REFEREES

Please provide two professional referees we can contact

Referee 1

Referee 2

Name

Name

Business Title and Organisation

Business Title and Organisation

Phone Number

Phone Number

Email

Email

REFERENCE

Please attach a written reference from a NZIQS member, senior work colleague or employer dated within the last six months.

DISCLOSURE OF CRIMINAL CONVICTIONS

Convictions will be considered on a case by case basis to determine your Registered Quantity Surveyor membership approval, If you do not declare any convictions as requested you will be held in breach of the Code of Practice.

Have you ever been convicted of a criminal offense involving embezzlement, theft, fraud or dishonesty of any kind?*

Yes No

If Yes, List offences, year of conviction and sentence:

Have you ever been convicted of any criminal offense carrying on first conviction a maximum sentence of not less than 12 months imprisonment?* Yes No

If Yes, List offences, year of conviction and sentence:

DECLARATION

I hereby make application to become a NZIQS Registered Quantity Surveyor and have read and agreed to the [NZIQS Terms and Conditions](#), including being governed by the Institute's [Constitution and Rules](#) and [Code of Practice and Professional Conduct](#) (refer <http://www.nziqs.co.nz/forms>).

I declare that the information I have given in this application is a correct and true account of my professional education and experience.

Signed: _____

Name: _____

Date: _____

FORWARD APPLICATION AND ALL SUPPORTING MATERIAL TO:

Membership Officer
NZIQS
P O Box 10469
Wellington 6143

Or email to: office@nziqs.co.nz
Tel: 04 4735521

CHECKLIST:

Please include the following documents where applicable.

- Full CV detailing QS experience
- Written reference from a NZIQS member, senior work colleague or employer dated within the last six months
- Application form signed

OFFICE USE

- Date approved by Council
- Add Registered QS Classification
- Add Registered QS subscription
- Invoiced Registered QS subscription