



NEW ZEALAND INSTITUTE OF QUANTITY SURVEYORS (INC)

APPLICATION TO BE A REGISTERED QUANTITY SURVEYOR

NAME: Mr, Mrs, Miss or Ms _____
Please circle one Known As First Names Surname

ADDRESS _____

DAYTIME TELEPHONE NO _____ **MOBILE** _____

EMAIL _____ **FACSIMILE** _____

Current Institute membership category _____ **Date of award** _____

Attach a written statement for consideration by the Registration Committee and Council which addresses, some or all, of the following attributes:

- Professional Qualifications,
- Special skills or professional expertise,
- Any appropriate written reference or testimonial for professional services rendered,
- Involvement in Community organisations,
- Public honours.

List of copies of relevant certificates, awards, and other documents (including c.v. and written references), which are included with this application.

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List the name and contact details of two appropriate referees who can be contacted to vouch, if necessary, for your professional experience and character (at least one from outside your firm or organisation).

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Please attach a brief resume of your professional experience, including:

- names of employers
- locations of jobs
- details of positions held
- periods of appointments
- specific roles and duties or QS experience gained.

Criminal Conviction Disclosure:

Have you ever been convicted of a criminal offence involving embezzlement, theft, fraud or dishonesty of an kind? Yes/No. If yes – What? When? _____

Have you even been convicted of any criminal offence carrying on first conviction a maximum sentence of not less than 12 months imprisonment? Yes/No. If yes – What? When? _____

Consent For Disclosure:

I consent to the disclosure of relevant information entered by me in this application to:

- members of the public regarding promotion of my Registered Quantity Surveyor status.

Signed: _____ Date: _____

Signature of applicant.....Date.....

Applications should be forwarded to: The Executive Director, NZIQS, P O Box 10 469, The Terrace, WELLINGTON, to Fax: 04 473 2918 or email : office@nzigs.co.nz.

FOR OFFICE USE ONLY:

Current Member, Associate, Fellow or Life member category of over 3 years approved experience.

With degree and over 3 years approved experience OR	Yes	No
With Diploma QS/Cert QS and over 10 years experience	<input type="checkbox"/>	<input type="checkbox"/>
Currently CPD Accredited	<input type="checkbox"/>	<input type="checkbox"/>

Date on which current CPD Accreditation valid until

Decision of the Board

Signed.....Date.....