



## **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      Family Name

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_ post code \_\_\_\_\_

**BUSINESS 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **WORK EXPERIENCE**

**Referees: Please provide at least two professional referees**

**Name** \_\_\_\_\_ **Contact details** \_\_\_\_\_

**Name** \_\_\_\_\_ **Contact details** \_\_\_\_\_

**INCLUDE a written reference from an NZIQS Member, senior Work colleague or employer dated within six months.**

**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 any kind? **(Please circle which) 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? **(please circle which) 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, PO Box 10469, The Terrace, WELLINGTON 6143 to Fax: 04 473 2918 or email: [office@nziqs.co.nz](mailto:office@nziqs.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	<b>Yes</b>	<b>No</b>
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** \_\_\_\_\_