

NZIQS MEMBERSHIP UPGRADE APPLICATION FORM



This membership form is to be completed by current members applying to upgrade to Affiliate, Graduate or MNZIQS membership.

Students who are currently studying for a QS qualification – please complete this form:

[NZIQS Student \(Studying\) Membership Application](#)

New or previous members who wish to join NZIQS – please complete this form:

[NZIQS New Membership Application](#)

You can also complete this membership upgrade application [online](#).

MEMBERSHIP APPROVAL

The NZIQS Council will determine your membership level based on your qualifications and QS experience. Membership levels and criteria can be found here: <https://www.nziqs.co.nz/Membership/Apply>

Once your membership has been approved you will be formally notified of the Council decision and invoiced for the increased pro-rated subscription for the financial year 1 April – 31 March. This subscription needs to be paid before your membership upgrade is finalised.

SUPPORTING EVIDENCE

You will need to attach the following documents with your application:

1. Evidence of any QS qualifications completed
2. Detailed CV showing QS experience
3. For MNZIQS applicants: reference letter from a NZIQS member or senior work colleague/employer dated within the last six months
4. For MNZIQS applicants: Names and contact details for 2 referees

CONTACT US

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

WHAT LEVEL OF NZIQS MEMBERSHIP ARE YOU APPLYING TO UPGRADE TO?

Affiliate Graduate MNZIQS

Information on type of membership and criteria can be found here <https://www.nziqs.co.nz/Membership/Apply>

Note: Your final membership level will be determined by the NZIQS Council after consideration that you meet the criteria for that level.

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"/>
(If you prefer another name than your first name to be used for correspondence)			
Date of Birth*	<input type="text"/>	Street Address (If different to Mailing)	<input type="text"/>
Gender*	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	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"/>

Mark preferred number for contact

EMPLOYMENT DETAILS

Employer/Organisation (Name of company you work for)	<input type="text"/>	Job Title*	<input type="text"/>
Job Category (best fit for level of position you hold)		Type of QS work (best fit for type of QS work you do):	
<input type="checkbox"/> Junior QS		<input type="checkbox"/> Consulting	
<input type="checkbox"/> Intermediate QS		<input type="checkbox"/> Contracting	
<input type="checkbox"/> Senior QS		<input type="checkbox"/> Construction Industry	
<input type="checkbox"/> Project Manager		<input type="checkbox"/> Academic	
<input type="checkbox"/> Director or Manager		<input type="checkbox"/> Non QS Work	
<input type="checkbox"/> Self-employed		<input type="checkbox"/> Other	
<input type="checkbox"/> Academic			
<input type="checkbox"/> Other			
<input type="checkbox"/> Non Construction Role			
<input type="checkbox"/> Not Working			

MEMBERSHIP OF ANOTHER QS INSTITUTE

Are you a member of another QS Institute? Yes No
(If Yes to above then answer these questions)

Current membership level at other QS Institute

(Please provide evidence of membership)

Name of Institute

Membership level

QS QUALIFICATIONS COMPLETED

- 1. Date Awarded Study Provider attended
- 2. Date Awarded Study Provider attended
- 3. Date Awarded Study Provider attended

WORK EXPERIENCE IN CONSTRUCTION INDUSTRY

Total years in construction in NZ

Total years quantity surveying experience

Total years quantity surveying experience in NZ

Please provide the following information about your work experience:

- 1. Full CV of all positions held in the construction industry that includes employer, location, position held, dates, and details your QS experience
- 2. MNZIQS Applicants only: Written reference from a NZIQS member, senior work colleague or employer dated within the last six months

REFEREES (REQUIRED FOR MNZIQS APPLICANTS ONLY)

Please provide two professional referees we can contact

Referee 1

Name

Business Title and Organisation

Phone Number

Email

Referee 2

Name

Business Title and Organisation

Phone Number

Email

DISCLOSURE OF CRIMINAL CONVICTIONS AND CIVIL JUDGMENTS

Convictions and findings made against you in civil judgments will be considered on a case by case basis to determine your membership approval. If you do not declare any convictions or judgments as requested you may be held in breach of the NZIQS Code of Conduct.

Please note that the Criminal Records (Clean Slate) Act 2004 applies to some criminal convictions in New Zealand in certain circumstances. Information about that Act can be found here: <https://www.justice.govt.nz/criminal-records/clean-slate/>

1] Have you ever been convicted, in New Zealand or overseas, of a criminal offense involving embezzlement, theft, fraud or dishonesty of any kind? Yes No

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

2] Have you ever been convicted, in New Zealand or overseas, of any criminal offense carrying on first conviction a maximum sentence of not less than 12 month's imprisonment? Yes No

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

3] Have you ever been discharged without conviction, in New Zealand or overseas, for a criminal offense of the kinds described above? Yes No

If Yes, List offences and year of discharge without conviction:

4] Have you ever had a Civil Judgment entered against you, in New Zealand or overseas, involving embezzlement, theft, fraud or dishonesty of any kind? Yes No

If Yes, List year and details of Judgment:

5] Are there pending criminal or civil proceedings against you, in New Zealand or overseas? Yes No

If Yes, Provide details:

DECLARATION

I hereby make application to upgrade my membership status of the New Zealand Institute of Quantity Surveyors (Inc.) and have read and agreed to the NZIQS Membership Terms and Conditions, including being governed by the Institute's Constitution and Rules and Code of Conduct (refer <https://www.nziqs.co.nz/Membership/Membership-Terms-Conditions>).

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.

- Evidence of qualification (e.g. certificates)
- Full CV detailing QS experience
- MNZIQS applicants only: written reference from a NZIQS member, senior work colleague or employer dated within the last six months
- Evidence of membership of other QS Institute (if applicable)
- Application form signed