

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 visit the webpage: <https://www.nziqs.co.nz/Membership/Apply>



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 Board will approve your Registered Quantity Surveyor status depending on your qualifications and QS experience and you will be formally notified of the Board decision.

CONTACT US

For any queries relating to completing this application please contact membership@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 Date Awarded
Other (name)

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 submit a 12 month CPD Record

CODE OF CONDUCT TEST

Passed
Date

REFEREES

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

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 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, By-Laws 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 6140

Or email to: membership@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
- 12 month CPD Record

OFFICE USE

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