

PROFESSIONAL MEMBERSHIP



TYPE AND COMPLETE APPLICATION FORM BELOW. (NO HANDWRITTEN FORMS ACCEPTED).

/ 01

If you need more space to add further information, go to page 6.

PERSONAL DETAILS

Full Name: _____ Date of Birth: _____ Gender: _____

How did you hear about us? _____

Ethnicity (select all that apply to you):
 New Zealand European ☐ Māori ☐ Samoan ☐ Tongan ☐ Niuean ☐
 Cook Islands Māori ☐ Chinese ☐ Indian ☐ Other _____

COMPANY CONTACT DETAILS

Company Name: _____ Position: _____

Postal Address: _____ Suburb: _____ City: _____ Postcode: _____

Physical Address: _____ Suburb: _____ City: _____ Postcode: _____

Website: _____ Email: _____

Phone: _____ Mobile: _____

PROFESSIONAL INDEMNITY INSURANCE

If self employed (sole operator, director, shareholder, partner etc) then Professional members must have Professional Indemnity insurance in place to a minimum value as set by the ADNZ Board (minimum \$250,000). If you are an employee of a practice, please provide evidence of practice Insurance.

Do you have Professional Indemnity Insurance cover?
 (Please forward a copy of the certificate) Y N

Please provide details:

Insurer _____

Cover \$ _____

Excess \$ _____

Premium \$ _____

Are you currently obtaining quotes for cover? Y N

PROFESSIONAL CONDUCT

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any court convictions other than minor traffic infringements? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any claims for professional negligence, error or omission made against you and/or partners? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any such claims pending? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been a party named in association with an Watertight Home Resolution Service Claim? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a company you have owned/been director of ever been in liquidation? |

If you have answered YES to any of these questions please provide full details:

APPLICANT

ADNZ ASSESSOR

QUALIFICATIONS				<input type="checkbox"/> CONFIRMED
QUALIFICATION	EDUCATION PROVIDER	YEAR STARTED	YEAR COMPLETED	
_____	_____	_____	_____	Comment:
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
LBP Design License 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> (Note: not compulsory)				

YOUR WORK HISTORY (can include relevant part time work during Tertiary study)		<input type="checkbox"/> CONFIRMED
Date _____ Position _____ Employer _____ Specific Tasks _____		Comment:
Date _____ Position _____ Employer _____ Specific Tasks _____		Comment:
Date _____ Position _____ Employer _____ Specific Tasks _____		Comment:
Date _____ Position _____ Employer _____ Specific Tasks _____		Comment:

PROJECTS

TWO NEW ZEALAND PROJECTS ARE REQUIRED. THESE PROJECTS MUST INCLUDE AS A MINIMUM:

- One project completed within the last two years to issue of Code Compliance Certificate
- A second project completed within the last year to issue of building consent

NOTE:

- Submit quality projects aligned with the ADNZ competency standards.
- Overseas projects can be used as supporting evidence only.
- Remember to bring the complete project files from start to finish of both the projects to the assessment meeting.

PROJECT ONE

☐ DESC/INFO PROVIDED IS VERIFIED AS CORRECT

Project name: _____

Name of client: _____

Project physical address: _____

Building Classification and Type of Project:

☐ Residential ☐ Commercial ☐ Industrial ☐ Educational ☐ Hospitality ☐ Health

☐ New ☐ Renovation ☐ Other _____

Building Size (footprint) _____ Sq/m No of Levels _____

Weathertight Risk Score _____ Construction Cost (estimate) \$ _____

Year Completed _____ Resource Consent Y N

Design Complexity: (NZS 3604, specific engineering design, design IT, truss / framing fabricator, etc

Comments:

ELEMENT

BRIEF DESCRIPTION:

• Site topography _____

• Foundations _____

• Floor _____

• Structural support system _____

• Cladding systems: • Walls _____

• Roof _____

Describe your role in this project, the activities you were involved in, your level of responsibility and time involved:

PROJECT TWO
☐ DESC/INFO PROVIDED IS VERIFIED AS CORRECT

Project name: _____

Name of client: _____

Project physical address: _____

Building Classification and Type of Project:

☐ Residential ☐ Commercial ☐ Industrial ☐ Educational ☐ Hospitality ☐ Health

☐ New ☐ Renovation ☐ Other _____

Building Size (footprint) _____ Sq/m No of Levels _____

Weathertight Risk Score _____ Construction Cost (estimate) \$ _____

Year Completed _____ Resource Consent Y N

Design Complexity: (NZS 3604, specific engineering design, design IT, truss / framing fabricator, etc

Comments:

ELEMENT**BRIEF DESCRIPTION:**

- Site topography _____
- Foundations _____
- Floor _____
- Structural support system _____
- Cladding systems: • Walls _____
- Roof _____

Describe your role in this project, the activities you were involved in, your level of responsibility and time involved:

FURTHER PROJECTS (optional) Anything else you wish to show list below:

Comments:

REFEREE DETAILS Referees must have been involved in the project/s and be able to confirm your work.**CLIENT REFEREE (not family):** ☐ **PROJECT 1** ☐ **PROJECT 2**

Name: _____ Mobile: _____

Email: _____ Phone: _____

Referee
Involvement:☐ **CONTACTED** Date: _____

Comments:

CONTRACTOR REFEREE (eg: a builder, construction manager): ☐ **PROJECT 1** ☐ **PROJECT 2**

Name: _____ Mobile: _____

Email: _____ Phone: _____

Referee
Involvement:☐ **CONTACTED** Date: _____

Comments:

CONSULTANT REFEREE (eg: kitchen consultant, surveyor, engineer): ☐ **PROJECT 1** ☐ **PROJECT 2**

Name: _____ Mobile: _____

Email: _____ Phone: _____

Referee
Involvement:☐ **CONTACTED** Date: _____

Comments:

APPLICATION FEE A non-refundable application fee of \$250.00 + GST (\$287.50)☐ I have paid my application fee by direct credit

ADNZ account details account number 02-1278-0017004-00 (please provide your name as the reference)

DECLARATION

I, hereby apply for Professional Membership of ADNZ.

I declare that the information submitted with this application is true and correct, and I am the sole author of all design and documentation submitted as part of this application.

I have read, understood and agree to adhere to the ADNZ Code of Ethics and ADNZ Rules.

I agree that the decision of the ADNZ Board in regard to my application is final and there is no right of appeal.

I consent to my contact information being shared with ADNZ members and included in the 'Find a Designer' section on the ADNZ website.

I agree that I will not share or disclose other members' contact information without their consent and confirm that I will use reasonable care to safeguard against the accidental disclosure of such information.

Signed: _____ Date: _____

*Typing your name here is accepted as a digital signature (please do not use signature function of adobe so document remains editable for assessor comments)***CHECKLIST:**

- ☐ Typed and completed application and signed application form electronically ☐ Paid the application fee
- ☐ Attach a copy of the PI insurance certificate ☐ Understood and read ADNZ Code of Ethics

Note: If there is any other information you wish to supply to support this application, please feel free to attach additional pages

Please email this completed application form to

MEMBERSHIP@ADNZ.ORG.NZ**Architectural Designers New Zealand Inc.**

PO Box 8147, Riccarton, Christchurch 8440

Phone 03 358 0112, Email membership@adnz.org.nz



APPLICANT

ADNZ ASSESSOR

FURTHER DETAILS

Comments: