APPLICATION FOR ACCEPTANCE
AS AN INDEPENDENT QUALIFIED PERSON
(Section 438 (4) (a) Building Act 2004)

The Secretary
South Island IQP Register
C/O Building Advisory Services
Timaru District Council
P O Box 522
Timaru 7940

Name: .....

Mailing Address: .....

Telephone: ..... Facsimile: .....

Mobile No: …… Email: ……

PLEASE COMPLETE ALL SECTIONS

SECTION A: Please identify the systems or features for which acceptance as an Independent Qualified Person is applied for:

	1	Automatic systems for fire suppression
	2	Automatic or manual emergency warning systems for fire or other dangers
	3	Electromagnetic or automatic doors or windows *(identify type of door/s required below)*
	4	Emergency lighting systems.
	5	Escape route pressurisation system.
	6	Riser main for use by fire services.
	7	Automatic back-flow preventer connected to a potable water supply.
	8	Lifts, escalators, travelators or other similar systems for moving people or goods within buildings
	9	Mechanical ventilation or air conditioning systems.
	10	Building maintenance units for providing access to the exterior and interior walls of buildings.
	11	Laboratory fume cupboards
	12	Audio Loops or other assistive listening systems
	13	Smoke control systems
	14	Emergency power systems for, OR
		Signs relating to, a system or feature specified in any of clauses1 to 13
	15(a)	Systems for communicating spoken information intended to facilitate evacuation
	15)b)	Final exits (as defined by clause A2 of the building code)
	15(c)	Fire Separations (as defined by clause A2 of the building code)
	15(d)	Signs for communicating information intended to facilitate evacuation
	15(e)	Smoke Separations (as defined by clause A2 of the building code)
	16	Cable Cars
	j	Other systems as set out in Building Act 1991 section 44 and 45 *(identify)*
	m	Means of escape from fire Building Act 1991
	n	Safety barriers Building Act 1991
	o	Means of access and facilities for use by persons with disabilities Building Act 1991
	p	Hand held hose reels for fire fighting Building Act 1991
	q	Signs required by the building code or Section 47A of the Building Act 1991

Please tick what you application is for:

	Inspection.
	Inspection, maintenance and reporting.

SECTION B: QUALIFICATIONS AND EXPERIENCE *(Please refer to the First Schedule Requirements)*

Qualifications

- List Current Specified Systems (if any) that you are approved for by the South Island I Q P Register and the status of those systems e.g. Inspection only, Maintenance Inspection and Reporting.

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- Please list below the qualifications and experience you hold that is applicable to **each** specified system or feature applied for. It is important to note that all applicants are assessed as to their competence in respect of each Specified System applied for.

List Qualifications that you hold in respect of each specified system applied for.

Qualification	Date Qualification Awarded	Discipline	Education Provider	Country	Year
eg Firetech Level 4	*In years*	*As it relates to the system applied for*	*University/Polytechnic etc*		

Professional Memberships/Registration/Licenses

Please list any professional or licenses that you currently hold or have previously held. Certified copies of your membership/registration/license certificates must be provided with your application (please attach)

Institution/ Organisation	Class	Still current Y/N	Membership/Registration Number	Year Gained/Joined	Expiry Date

WORK HISTORY SUMMARY
Provide details of recent work history including dates of employment.

NAME OF ORGANISATION	POSITION TITLE	Date of employment	Key responsibilities, activities undertaken

SECTION C: STANDARDS USED TO VERIFY COMPLIANCE WITH SPECIFIED SYSTEMS

Identify the standards and or inspection procedures that you intend to use for each specified system that you have applied for. *NOTE: Refer to first schedule " Guidelines for minimum qualification and experience required for acceptance of independent qualified person status*."

Specified system	Relevant standard/s	Inspection sheet

Attach evidence that you have access to each of the standards identified above. A photo copy of the front cover will suffice. Also attach copies of inspection/check sheets that you intend to use.

SECTION D SUPPORTING STATEMENTS:

- Attach supporting technical references from individual, professional/technical institutes (a minimum of one written reference is required for **each systems or feature** applied for)
- Referees should be qualified in the discipline for which they are providing the reference. Referees may be contacted during the processing of the application.

Referees:

Name two referees who are familiar with your activities and can provide comments as to whether you demonstrate competence in elements of your relevant field. Referees must be independent. i.e. not personally related to you and not expected to gain materially if your assessment is successful. One of your referees may be from your organisation.

Tick the box to confirm

- Completed Referees Declaration and Evaluation Form 1 attached. ☐

Referees Name ……

Address ……

……

Telephone ……

Email address: ……..

Known registrations and professional body memberships:

……

Referees Name: ……

Address ……

……

Telephone ……

Email address: ……

Known registrations and professional body memberships:

……

SECTION E: INSURANCE

Public Liability or Professional Indemnity Insurance held relative to the role of an Independent Qualified Person.

Type of Cover	Amount	Insurer	Exclusions

QUALITY ASSURANCE

	Circle one	
Are you/your organisation accredited in a recognised quality standard e.g. ISO/IANZ. If so please provide a description and a copy	YES	NO
Do you or your company use check/prompt sheets for each type of inspection for which you have applied for. If so please attach those that apply to your current application.	YES	NO
Is any measuring equipment you use regularly calibrated? If so please identify the equipment and the process of how it is calibrated.	YES	NO

SECTION F: STATEMENT ABOUT APPLICATION

I am applying for approval to be on the South Island IQP register.

I acknowledge that the South Island IQP registration panel may cancel my approval at anytime subject to their disciplinary procedures

I certify that all information I have provided in this application is true and accurate.

Signature: …….Date: ……

Send your completed application to the address set out below:

South Island I Q P Register
P O Box 522
Timaru 7940

Unless otherwise advised, acceptance will be for all Territorial Authorities listed below:

Ashburton District Council
Buller District Council
Central Otago District Council
Christchurch City Council
Clutha District Council
Dunedin City Council
Gore District Council
Grey District Council
Hurunui District Council
Invercargill City Council
Kaikoura District Council
Mackenzie District Council
Marlborough District Council
Nelson City Council
Queenstown Lakes District Council
Selwyn District Council
Southland District Council
Tasman District Council
Timaru District Council
Waimakariri District Council
Waimate District Council
Waitaki District Council
Westland District Council

Fees and Charges for IQP Processing all inclusive of GST	
Application – Individual (each person) one system only	$125.00
Per each additional System	$10.00

Annual Renewals	$50.00	
Amendments	$50.00	

The following information is attached to this application (tick in box)

Evidence of current Professional membership ..... ☐

Copies of Standards to be used ..... ☐

Copies of Check Sheets ..... ☐

Details of Insurance Cover ..... ☐

Copy of Quality Assurance system..... ☐

Referees Declaration and Evaluation (Form 1) ..... ☐

REFEREES DECLARATION AND EVALUATION

(Form 1)

Completed Peer assessment of :

…….

Full Name of referee:

……...

I declare that I personally attest to the competence of the individual named above. This constitutes my personal and independent evaluation of the individuals competence in regard to the area of expertise.

I am an individual of at least equivalent competence. Where I consider I am unable to provide a valid evaluation for a specific element my comments are qualified accordingly.

The nature and extent of my professional contact with the individual in the last five years is as follows:

…….

…….

…….

…….

…….

I have experience in the following areas:

…….

…….

…….

…….

…….

Referees Signature: ……. Date: …… ..

Referees Phone Number: …….

Referees e-mail: …….