

Building Control – Competence Assessment of Individual for Acceptance as an Independent Qualified Person (IQP) (Form 1)

Cost: \$650

1. APPLICANT DETAILS

First Name _____ Last Name _____

Company _____ Position _____

2. CONTACT DETAILS

Home Address

Address _____

Postcode _____

Telephone _____

Email _____

Preferred mailing address

Address to be shown on register(s) if authorised

Business Address

Address _____

PO Box _____

Postcode _____

Telephone _____

Email _____

Home

Business

Home

Business

3. DETAILS OF INDEMNITY INSURANCE (Including any limitations or exclusions. Public Liability needs to be equal to or more than \$2m, Professional Indemnity needs to be adequate for the level of work undertaken) ***Please attach a copy and brief description below.**

4. QUALITY ASSURANCE *Please attach details

<p>4.1 Are you/your organisation accredited in a recognised quality standard eg: ISO/IANZ If so please provide a description and a copy</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4.16 Does your organisation do peer review or design work for other organisations? (If yes, please explain process you use for peer review and supporting documents)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4.17 If yes to Q 4.16, are any of these organisations building consent authorities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4.18 Is any measuring equipment you use regularly calibrated? (If yes, please explain the process you use and include description of equipment, how it is calibrated and any supporting documentation)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

5. QUALIFICATIONS

Certified copies of your qualifications must be provided with your application *Please attach details

Qualification	Length of Qualification (years)	Discipline	Education Provider	Country	Year
<i>e.g. BE (Hons)</i>	<i>4 Years</i>	<i>Mechanical</i>	<i>University of Auckland</i>	<i>New Zealand</i>	<i>1991</i>

6. PROFESSIONAL MEMBERSHIPS/ REGISTRATION/ LICENSES

Please list any professional memberships 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
<i>e.g. Irhace</i>		Y	12345	2008	

7. INFORMATION FOR ASSESSMENT PURPOSES

7.1 Competence Area

All applicants are assessed for competence in their area of expertise. Please outline in writing below and tick any relevant boxes. Your statement should describe both the type of activity you do and the area in which you consider you have up to date knowledge and skills.

Please repeat this information exactly onto the Referee Declaration and Evaluation (Form 3).

e.g.

- Inspection and maintenance of HVAC systems
- Inspection and maintenance of fire alarm systems – (Specify alarm Type in accordance with the fore document approved solutions in the building code)

Specific Area of Expertise

SS1	Automatic Systems for Fire Suppression	<input type="checkbox"/>
SS2	Automatic or manual emergency warning systems for fire or other dangers (other than a warning system for fire that is entirely within a household unit and serves only that unit)	<input type="checkbox"/>
SS3	Electromagnetic or Automatic Doors Systems	<input type="checkbox"/>
	SS3/1 Automatic doors	<input type="checkbox"/>
	SS3/2 Access controlled doors	<input type="checkbox"/>
	SS3/3 Interfaced fire or smoke doors or windows	<input type="checkbox"/>
SS4	Emergency Lighting Systems	<input type="checkbox"/>
SS5	Escape Route Pressurisation Systems	<input type="checkbox"/>
SS6	Riser Mains for use by Fire Service	<input type="checkbox"/>
SS7	Automatic Back-flow Preventer	<input type="checkbox"/>
SS8	Lifts Escalators or Travelators or other Systems for Moving People or Goods	<input type="checkbox"/>
	SS8/1 Passenger Carrying Lifts	<input type="checkbox"/>
	SS8/2 Service Lifts	<input type="checkbox"/>
	SS8/3 Escalators and Moving Walks	<input type="checkbox"/>
SS9	Mechanical Ventilation or Air Conditioning Systems	<input type="checkbox"/>
	SS9/1 Mechanical ventilation	<input type="checkbox"/>
	SS9/2 Air conditioning systems	<input type="checkbox"/>
	SS9/3 Fire/Smoke Dampers	<input type="checkbox"/>
SS10	Building maintenance units providing access to exterior and interior walls of buildings	<input type="checkbox"/>
SS11	Laboratory Fume Cupboards	<input type="checkbox"/>
SS12	Audio Loops or other assistive Listening Systems	<input type="checkbox"/>
	SS12/1 Audio loops	<input type="checkbox"/>
	SS12/2 FM radio frequency systems and infrared beam transmission systems	<input type="checkbox"/>
SS13	Smoke Control Systems	<input type="checkbox"/>
	SS13/1 Mechanical smoke control	<input type="checkbox"/>
	SS13/2 Natural smoke control	<input type="checkbox"/>
	SS13/3 Smoke curtains	<input type="checkbox"/>
SS14	Emergency Power Systems for, or Signs relating to, a System or Feature specified	<input type="checkbox"/>
	SS14/1 Emergency power systems	<input type="checkbox"/>
	SS14/2 Signs in relation to any specified systems 1-13	<input type="checkbox"/>
SS15	Any or all of the following systems and features, so long as they form part of a building's means of escape from fire, and so long as those means also contain any or all of the systems or features specified in clauses 1-6, 9, 13	<input type="checkbox"/>
	SS15/1 Systems for Communicating spoken information intended to help Evacuation	<input type="checkbox"/>
	SS 15/2 Final Exit	<input type="checkbox"/>
	SS 15/3 Fire Separations (as defined by the Building Code)	<input type="checkbox"/>
	SS 15/4 Signs for Communicating Information intended to facilitate evacuations	<input type="checkbox"/>
	SS 15/5 Smoke Separations	<input type="checkbox"/>
SS16	Cable Cars	<input type="checkbox"/>

8. REFEREES

Name two referees who are familiar with your activities and can provide comment 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

- I have supplied both referees with a Referee Declaration and Evaluation (Form 5) together with completed Form 2 and asked them to submit the forms to Waikato Building Consent Group.

<p>Referee One _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>Email _____</p> <p>Known _____</p> <p>registrations/ _____</p> <p>professional _____</p> <p>memberships _____</p>	<p>Referee Two _____</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone _____</p> <p>Email _____</p> <p>Known _____</p> <p>registrations/ _____</p> <p>professional _____</p> <p>memberships _____</p>
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9. APPLICATION STATEMENT

- I am applying for approval by Waikato Building Consent Group to accept me as an IQP and include me on their IQP list. I understand that Waikato Building Consent Group may cancel my approval at any time, subject to written notification
- I certify that all information on this application form and in my portfolio of evidence is true and accurate.

Signature _____

Date _____

Please send your completed application and proof of payment to the following email: applications@buildwaikato.co.nz

Please submit your online payment of \$650.00 to:
 Local Authority Shared Services Limited
 02 0316 0158293 00
Ref: registration number **Code:** IQP **Particular:** Surname

Alternatively you can send in your completed paper application and payment to the address below:
 Applications Build Waikato C/- Waikato LASS
 PO BOX 1198,
 Cambridge, 3450

OFFICE USE ONLY :

Date Paid: Receipt Number:

WORK HISTORY SUMMARY (Form 2)

To be completed by the applicant.

List your work history in chronological order with the most recent first. Continue on another page and attach to this form if needed.

Name or Applicant:				
Ref No	Name of Organisation	Position Title	End Start mm/yy mm/yy	Key responsibilities, activities undertaken, major achievements and/or projects. These should relate to your practice area description.
1.			Present / Start /	
2.			End / Start /	
3.			End / Start /	
4.			End / Start /	
5.			End / Start /	

Reference Assessment (Form 3) Referee to Complete

Please mark the box for the most appropriate statement of competence for each of the elements and record any concerns about the competence of the individual in the space below. *(For each individual Specified System Applied For)

Element	Please tick the most appropriate statement for each element					
	Consistently demonstrates competence	Inconsistent (sometimes careless)	Marginal competence	Not yet demonstrating competence but developing	Does not demonstrate competence	Unable to comment
1. Comprehend and apply detailed knowledge of accepted principles of best practice for the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Investigate and analyse problems in accordance with best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Design or develop solutions to problems in accordance with best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Understands the principles of the Building Act 2004 and is able to utilise appropriate forms in accordance with the Building Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Able to identify risk and apply appropriate risk management techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct activities in accordance with the appropriate standard or relevant code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Communicate clearly with others in the course of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Maintain knowledge and skills at an appropriate level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Exercise sound judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Specifically explain any concerns and justification for this opinion (continue on a separate sheet as necessary)						

Other Information (Form 4) Referee to Complete

Is there other relevant evidence not included that the assessment panel might ask him/her to provide? If so please summarise below:

Are there any factors you are aware of that might affect the individual's ability to continue practising competently at his or her present level of competence over the next 1 years? If so please summarise below:

Please check that you have completed and signed the Form 5 then return the completed forms to:

Applications Build Waikato C/- Waikato LASS
PO BOX 1198,
Cambridge, 3450

Referee Declaration and Evaluation (Form 5)

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 individual's 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:

Referee's Signature _____

Date _____

Referee's Phone
Number: _____

Referee's
email _____