

Building Control — Competence assessment of individual for acceptance of producer statements. (Form 1)

1. APPLICANT DETAILS

Surname _____

Forenames _____

2. CONTACT DETAILS

Home Address		Business Address	
Address:		Company:	
		Position:	
		Address:	
Post code:		Post code	
Telephone:		Telephone:	
Email:		Email:	
Address you would prefer your mail to go to		Home <input type="checkbox"/>	Business <input type="checkbox"/>
Address & contact details to be shown on any public register(s) if authorised		Home <input type="checkbox"/>	Business <input type="checkbox"/>

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.

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4. QUALITY ASSURANCE Please attach details

4.1	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
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.	Yes	No
4.17	If yes to 4.16, are any of these organisations building consent authorities?	Yes	No
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.	Yes	No

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5. QUALIFICATIONS

Certified copies of your qualifications must be provided with your application. (Please attach)

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

6. PROFESSIONAL MEMBERSHIPS/ REGISTRATION/ LICENSES/ACCREDITATION (By parent company or supplier)

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. IPENZ</i>		<i>Y</i>	<i>12345</i>	<i>2008</i>	

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 Hamilton City Council.

Referee Name _____

Referee Name _____

Address _____

Address _____

Contact telephone _____

Contact telephone _____

Email address _____

Email address _____

Known registrations and professional body memberships:

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Statement about application

I am applying for approval by Hamilton City Council to accept my producer statements. I understand that Council 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 _____

Send your completed application to the **Hamilton City Council — Attn Phil Saunders** at the address below:

Mail
 Hamilton City Council
 Private Bag 3010
 Hamilton 3240
 New Zealand

Phone
 07 838 6541

Fax
 07 838 6599

Email: phil.saunders@hcc.govt.nz

Website: www.hamilton.co.nz

WORK HISTORY SUMMARY (Form 2) 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	/	

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.

Please allocate the most appropriate number for each element	
<ol style="list-style-type: none"> 1. Consistently demonstrates competence 2. Inconsistent (sometimes careless) 3. Marginal competence 4. Not yet demonstrating competence but developing 5. Does not demonstrate competence 6. Unable to comment 	
Element	Score
1. Comprehend and apply detailed knowledge of accepted principles of best practice for the activity area	
2. Investigate and analyse problems in accordance with best practice	
3. Design or develop solutions to problems in accordance with best practice	
4. Understands the principles of the Building Act 2004 and the Building Regulations	
5. Able to identify risk and apply appropriate risk management techniques	
6. Conduct activities in accordance with the appropriate standard or relevant code	
7. Communicate clearly with others in the course of activities	
8. Maintain knowledge and skills at an appropriate level	
9. Exercise sound judgement	
Specifically explain any concerns & 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 working competently at his or her present level of competence over the next 5 years? If so please summarise below:

Please check that you have completed and signed the Form 5 then return the completed forms to:
Hamilton City Council
Private Bag 3010
Hamilton
Attention: Phil Saunders

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 their 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: _____