

NZRAB Continuing Registration Competence Review Application Form

This application form is for:

- architects who are required to have their five year competence reviews and have not achieved automatic continuing registration through CPD participation
- architects in voluntary suspension who wish to start practicing again and more than five years have passed since either their initial registration or their last competence review.

Please complete and sign this form. We suggest you save it as a word document, enter your information, print it out, sign it, scan it as a PDF, and email it to info@nzrab.org.nz, or fax it to 04 472 5352, or mail it to:

- The Registrar
NZRAB
PO Box 11106
Wellington 6142.

Please enter text etc. in the shaded boxes. They will expand if required.

1) Required Information

	Enter text here		Enter no. here
Name	-	Registration number	-

1.1) Contact details

Please check that your contact details with the NZRAB are correct. Go to www.nzrab.org.nz, log on as an architect, and check/amend your contact details.

Please then indicate the following by placing an **X** in the shaded boxes.

I confirm that:

	Enter X here
My name & date of birth are recorded on the NZRAB data base correctly.	
My contact details on the NZRAB data base are recorded correctly.	
My previous instructions to the NZRAB as to whether or not my contact details should be visible on the online New Zealand Architects Register still accord with my wishes.	
I have not been convicted by any court in New Zealand or elsewhere of an offence punishable by imprisonment for a term of six months or more.	

1.2) Convictions

If in the last five years you have been convicted by any court in New Zealand or elsewhere of an offence(s) punishable by imprisonment for a term of six months or more, please indicate what that conviction(s) was.

Convictions (enter text here)

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2) Work Record

2.1) Regular work

Please indicate the type of work that you do as an architect on a regular basis.

Types of regular work as an architect

2.2) Not working

If since either initial registration or your last competence review, you have been in voluntary suspension or not been doing architectural work, please briefly indicate what work etc. you have doing instead.

Activities when not working as an architect

Dates not working as an architect	Commentary

3) Maintenance of architectural knowledge and skills

Please provide a brief commentary as to how, via the work you do, CPD, other professional development activities, or anything else you consider relevant, you have maintained the currency of your architectural knowledge and skills in regard to the following. If any of the stages of the architectural process (3.1 to 3.6) are **not** currently part of your day-to-day work as an architect, please say so.

Design

3.1) Project initiation and pre-design

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3.2) Concept, preliminary and developed design stages

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Documentation

3.3) Detailed design and documentation

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Project Management

3.4) Procurement

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3.5) Administration and observation of the contract works

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Practice Management

3.6) Practice conduct and office management

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3.7) Statutory and regulatory requirements

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3.8) Professional conduct and code of ethics

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4) Rule 24 information

4.1) Professional development declaration

Please confirm the following by placing an X in the box:

Enter X here

Over the last five years I have undertaken appropriate professional development activities annually.

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4.2) CPD

Please attach to this form a print-out of any CPD you have done over the last five years. You can obtain this from your personal CPD webpage.

4.3) Other professional development activities

Please record any other professional development activities apart from CPD that you have done, along with your views as to their relevance to your work as an architect.

Other professional development activities

Date	Professional Development Activities	Relevance to your work

4.4) Other information

You may submit any additional information that you consider relevant.

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Attach extra sheets, if required.

5) Referees

Please include names and contact details of two independent referees who can attest to your competency.

Name	
Phone	
Email	

Name	
Phone	
Email	

6) Declaration

Please now enter your name below, and make the following declaration.

I, (name)

declare that:

1. All the information contained in this application and attachments is correct and true.
2. I will continue to adhere to the Registered Architects Rules 2006, including the Code of Minimum Standards of Ethical Conduct for Registered Architects.

Signature:

Date: