

Certification Board for Inspection Personnel



Application for Competence Certificate

Name Identification No

Checklist (Ensure all the following items are completed)

NOTE: Copies of log book entries may replace work experience, training, inspections performed and report

- 1 Are the details on the report "Personal details" correct?
Attach the form, with corrections made, to this application if any details are inaccurate
- 2 Attach a passport photo.
*If one is already held by CBIP Head Office, this is not mandatory.
Write your CBIP ID number clearly on the back and sign*
- 3 Attach a summary by discipline of the inspections performed in the previous 12 months (see page 3)
These may be computer generated printouts, or complete the forms attached
- 3 Attach a summary of work experience, covering the previous 12 months (see page 4)
- 5 Attach a summary of training / qualifications gained in the previous 12 months that are not listed on the personal details form (see page 4)
- 6 Attach a copy of one inspection report for each current Proficiency Certificate held
Reports may have references to clients removed
- 7 Attach a current Eye Examination certificate. Alternatively the CBIP Vision Certificate form may be submitted. The certificate shall not be more than six months old.
- 8 Sign the Declaration of Competence
- 9 Attach the fee of \$250 plus GST

Send Application To CBIP at:

Post: PO Box 8056
New Plymouth

Courier: Room 7, Powderham Business Centre
117 Powderham Street
New Plymouth

Email: CBIP@clear.net.nz (submit electronically)

Declaration of Competence

Domain	Y / N
Have you continued to maintain the required standard of competence in the disciplines for which you hold Proficiency Certificates? (If 'no' an action plan will be provided which describes actions to be taken to facilitate competence development).	<input type="checkbox"/>
Do you hold a current Competence Certificate and are you currently practising?	<input type="checkbox"/>
Have you undertaken at least 10 hours of professional development which meets published criteria within the preceding year? (If 'no' an action plan will be provided which describes actions to be taken to facilitate professional development).	<input type="checkbox"/>
Do you have a mental or physical condition which means that you are unable to perform some or all of the functions required for the inspection discipline for which you hold proficiency certificates? (including impairment caused by alcohol and/or drug abuse) (If 'yes' provide details).	<input type="checkbox"/>
Are you the subject of an investigation, disciplinary or criminal proceeding or a disciplinary order in New Zealand or any other country?	<input type="checkbox"/>
Over the last 5 years have you completed at least 2 years practice in the disciplines for which you hold Proficiency Certificates?	<input type="checkbox"/>
Is there any reason why your continuance to practice may endanger public health or safety? (If 'yes' provide details)	<input type="checkbox"/>

I have read and understand the CBIP policies related to Competency and Proficiency, Mental and physical agility, and Code of professional conduct, and agree to maintain my practice at the standard expressed within these boundaries.

I concur that I practice competently within the above domains (all yes boxes marked) or have developed an action plan (attached) to facilitate my development (some no boxes marked).

I confirm that none of the information provided in this declaration is false or misleading.

Signed

Date:

Inspections Performed in Previous 12 Months

If a computer generated reports or logbook copies are sent, do NOT complete this section

Discipline / Method	Number (approx.)	Type and extent of inspection (annual, operational, new construction/ installation etc)
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.....
.....

Work Experience in previous 12 months:

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Training / Qualifications in previous 12 months:

Attach copies of documentation from formal training or qualifications gained in previous 12 months

Do **not** include CBIP Certifications listed on Personal Details Form

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Sample Reports from previous 12 months

Please label reports in top right hand corner (1, 2, 3 etc)

ONE sample report **for EACH DISCIPLINE** of inspections performed in previous 12 months

No	Discipline	Report attached
1	Y / N
2	Y / N
3	Y / N
4	Y / N
5	Y / N

Payment

Employer to pay Order Number

Cheque

Credit Card: Visa Mastercard American Express

Card No: _ _ _ _ _ _ _ _ _ _

Expiry Date: Name of Card

I authorise the sum of \$250 plus GST
Signature