



ATTACHMENT B ASSOCIATE and GRADUATE MEMBERSHIP APPLICATION FORM

1. ELIGIBILITY CRITERIA

A person is eligible for admission as an Associate or Graduate Member of the College provided that they meet the requirements set out in Clause 4(1) or 4(2) respectively of the Rules.

2. APPLICANT DETAILS

Title : _____ [Dr., Mr., Ms. etc]

Name: _____
[First name Middle name Family name]

Date of Birth: _____ [DD / MM / YYYY]

3. RESIDENTIAL ADDRESSES IN THE LAST 10 YEARS

Present Address : _____
_____ Dates of Residence (eg 2005 to 2015) _____

Previous Address : _____
_____ Dates of Residence : _____

4. ACADEMIC QUALIFICATIONS

Qualifications for Associate or Graduate Membership should include an engineering degree or appropriate diploma from an acceptable University or Institution; CIRCEA may accept other equivalent qualifications.

Year gained	Qualification	Abbreviation	Institution granting the qualification

5. MEMBERSHIP OF PROFESSIONAL BODIES

Year joined	Present grade	Professional body

6. PORTFOLIO AND CURRICULUM VITAE – ORDINARY MEMBERSHIP

Your portfolio shall clearly demonstrate consulting engineering leadership through the following:-

- i) The Professional consulting engineer demonstrates consulting engineering leadership through the development of processes to manage knowledge, acquiring, interpreting, storing and deploying knowledge about consulting engineering decisions across professional areas.
- ii) The Professional Consulting engineer effectively manages risk and uncertainty aiming to identify and capitalize on opportunity for consulting engineering excellence and ensuring that all stakeholders are aware of the possible impacts of discipline and consulting engineering decisions.

The attachment shall list the following details with dates and other references:-

- i) Protocols in which the applicant claims proficiency.
- ii) Professional work experience in the area of expertise claimed.
- iii) General work experience throughout the applicant’s working life.

ATTACHED PORTFOLIO & CV.	No. of Pages >	
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7. TWO REFEREES

To substantiate the applicant’s experience in the chosen field (namely, for an Associate 10years and a Graduate 3years):

Name	Address	Facsimile	Telephone

8. INSURANCE POLICIES

Insured entity : _____		ABN : _____		
		ACN : _____		
Insurance	Insurance company	Actual Cover [Minimum cover]	Uninsured deductible ‡	Renewal date
Professional Indemnity ✧		[\$1,000,000].		
Public Risk		[\$10,000,000].		
Workers Comp		[As required by Law]		

INSURANCE REQUIREMENTS - Professional Indemnity Policy

✧ Must Cover

PI policy must be exclusive of costs and cover Libel & Slander, Previous Business, Fidelity, Outgoing Principals, Dishonesty, Loss of Documents, Breach of Fiduciary Duty, Trade Practices Act, Breach of Copyright, Working Arrangements, Joint Ventures and Automatic Reinstatement.

‡ Uninsured Deductible

The applicant should ensure that there are sufficient funds and/or assets to cover the PI policy uninsured deductible.

9. YOUR INVESTIGATORY BUSINESS DETAILS

Company Name : _____	
Position & title : _____	ABN : _____ ACN : _____
Trading address : _____	
Postal address : _____	
Telephone [BH] : _____	Telephone [AH] : _____
Mobile : _____	E-mail : _____

10. OTHER BUSINESS INTERESTS

Provide, or attach if space is insufficient, details of any other business of which you are currently involved as a partner, director or sole trader.

11. AGREEMENT

I agree that the following items are true and binding on me:

- i) I will undertake the stipulated amount of approved Risk Management studies in my annual Continuing Professional Development Program in accordance with CIRCEA policy, while I remain a Member.
- ii) I will pay CIRCEA the application fee, annual membership fee and any levies as approved by CIRCEA from time to time.
- iii) I will submit written proof, statements sworn or otherwise and copies of documents so required by CIRCEA.
- iv) I will abide by the Rules of CIRCEA as approved from time to time.
- v) I have had no criminal convictions within the preceding ten (10) years and agree that a criminal conviction would cause me to be automatically expelled from CIRCEA.

12. CERTIFICATION

I hereby apply for Associate / Graduate Membership of the College of Investigative and Remedial Consulting Engineers, Australia (CIRCEA), and certify that the statements contained in this application are correct:

Signed _____

[Signature of applicant]

Witnessed by me _____

[Full name of witness]

of _____

[Full address of witness]

on _____ of _____ in the year of _____

[Day]

[Month]

[Year]

at _____

[Place at which signed]

[Signature of Witness]

Please submit your Associate / Graduate Membership application to:

The Hon. Secretary
CIRCEA
PO Box 6160
PYMBLE NSW 2073