

# APPLICATION FORM – CIRCEA MEMBERSHIP / ASSOCIATE MEMBERSHIP

## APPLICANT

.....  
 Title Dr., Mr., Ms. etc.      First name      Middle name      Family name      Date of Birth  
 (Day Month Year)

## RESIDENTIAL ADDRESSES IN THE LAST 10 YEARS

Present Address.....  
 .....Dates of Residence Years i.e. 1999/00 .....

Previous Address.....  
 ..... Dates of Residence .....

Preceding Address.....  
 .....Dates of Residence .....

I hereby apply for  membership  associate membership of the College of Investigative and Remedial Consulting Engineers, Australia (CIRCEA) (Tick appropriate box .

## ACADEMIC QUALIFICATIONS

Qualifications 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

## MEMBERSHIP OF PROFESSIONAL BODIES

Year joined	Present grade	Professional body

## PORTFOLIO AND CURRICULUM VITAE – MEMBERSHIP

[Attach a detailed typewritten Portfolio and CV of at least 1,000 words when applying for Membership]

Such 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;
- iv) applicant's professional standing;
- v) preparation of reports and submission of conclusions;
- vi) risk management and quality assurance procedures;
- vii) representation by the applicant of "Expert Matters" before Courts, and in what jurisdictions.

<b>ATTACHED PORTFOLIO &amp; CV</b>	<b>NO. OF PAGES &gt;</b>
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**PROFESSIONAL REGISTRATION**

Registered with Institution	Abbreviation	Year	Register #

**REFERRAL BODIES [two or more]**

Body nominated for qualifications referral	Abbreviation	Year	Register #

**TWO REFEREES**

To substantiate the applicant's experience in the chosen field, twenty (20) years\* experience in the chosen field for member with ten (10) years\* as a Principal (\* for member application).

Name	Address	Facsimile	Telephone

**TWO (2) REFEREES**

Present in Court when the applicant presented expert evidence and/or who have examined the applicant's reports.

Name	Address	Facsimile	Telephone

**INSURANCE POLICIES**

ABN .....				
Insured entity..... ACN.....				
Insurance	Insurance company	Actual Cover (Minimum cover)	Uninsured deductible ‡	Renewal date
Professional Indemnity ✕		[\$1,000,000]		
Public Risk		[\$5,000,000]		
Workers Comp.		[As required by Law]		

**INSURANCE REQUIREMENTS - Professional Indemnity Policy**



**AGREEMENT**

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

- i) I will undertake a 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 establish and maintain a system of Risk Management in accordance with CIRCEA policy, and agree to be audited by the College Auditor.
- iii) I will pay CIRCEA the application fee, annual membership fee and any levies as approved by CIRCEA from time to time.
- iv) I will submit written proof, statements sworn or otherwise and copies of documents so required by CIRCEA.
- v) I will abide by the Rules of CIRCEA as approved from time to time.
- vi) I have had no criminal convictions within the preceding twenty (20) years and agree that a criminal conviction would cause me to be automatically expelled from CIRCEA.

**CERTIFICATION**

I 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 membership / associate membership application to:

The Hon. Secretary  
 CIRCEA  
 4A/66 Hampden Road,  
 Artarmon NSW 2064  
 Fax: (02) 9410 0718